

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark <i>Hand Returned</i>	Date Received (MDEQ use only) <i>3/7/22</i>	Notification # (MDEQ use only)			
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/> O						
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input checked="" type="radio"/> R						
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)						
Bldg. Name: Goody's (Former)						
Address 110 Highway 15 N						
City: Pontotoc	State: MS	Zip: 38863				
Site Location:		Tel:				
Building Size 14,000 sf +/-	# of Floors: 1	Age in Years: 60 +/-				
Present Use: Vacant	Prior Use: Retail					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)						
OWNER NAME: MRS Properties, LLC						
Address: P. O. Box 479						
City: Pontotoc	State: MS	Zip: 38863				
Contact: Mike Simon		Tel: 662-296-6251				
REMOVAL CONTRACTOR Eagle Construction						
Address: 1450 Old Brandon Rd						
City: Flowood	State: MS	Zip: 39232				
Contact: Chuck Womack		Tel: 601-940-5411				
OTHER OPERATOR:						
Address:						
City:	State:	Zip:				
Contact:						
V. IS ASBESTOS PRESENT? (Yes/No) Yes						
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (include inspector name and date of inspection):						
PLM McKenzie Hicks & Jonathan Cervantes 1/17/2022						
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Category I</td> <td style="width: 50%; text-align: center;">Category II</td> </tr> </table>		Category I	Category II	UNIT
				Category I	Category II	
RACM To Be Removed	Ln Ft:	Ln M:				
Pipes						
Surface Area		13,000 FT/M		Sq Ft: X Sq M:		
Vol RACM Off Facility Component				Cu Ft: Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/18/2022			Complete: 4/30/2022			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/18/2022			Complete: 6/30/2022			

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Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Removal of asbestos containing materials with hand tools

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Stop work and notify competent person

XII. WASTE TRANSPORTER #1

Name: Waste Connections of MS, Inc

Address: P. O. Box 96

City: Walnut

State: MS

Zip: 38683-0096

Contact Person: Amanda Satterfield

Tel: 662-760-3944

WASTE TRANSPORTER #2

Name: Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Regional Landfill

Address: 1904 Pontotoc Parkway West

City: Pontotoc

State: MS

Zip: 38863

Tel: 662-488-0444

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

Keep wet & notify owner

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

3/7/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

3/7/2022

(Date)