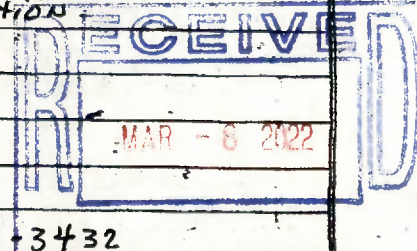


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 3/7/22	Date Received (MDEQ use only) 3/8/22	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O = ORIGINAL					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R = RENOVATION					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: The Former Gudy's Store (SPACE-C)					
Address: 1229 SUNSET DRIVE (SPACE C)					
City: GYENADA	State: MS	Zip: 38901			
Site Location: 1229 SUNSET DR., (SPACE) GYENADA, MS		Tel: 601-953-3432			
Building Size: 11,500 sq ft	# of Floors: 1	Age in Years: 20 +			
Present Use: VACANT	Prior Use: Clothing store				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Action properties					
Address: 110 Jerry Clower Boulevard N# W					
City: YAZOO City	State: MS	Zip: 39194			
Contact: Steve Phillips	Tel: 601-953-3432				
REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC.					
Address: P.O. BOX 133					
City: DELTA City	State: MS	Zip: 39061			
Contact: Jimmy Bell	Tel: 662-820-2124				
OTHER OPERATOR: Action properties					
Address: 110 Jerry Clower Blvd., N# W					
City: YAZOO City	State: MS	Zip: 39194			
Contact: Steve Phillips					
V. IS ASBESTOS PRESENT? (Yes/No) (Yes) mastic underneath floor tile/mirror glue dots					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Inspected 2/22/2022 by PAUL ANDERSON Lic. # A21-00001686 USE THE CEI LAB. 730 SE MAYNARD RD., CARY, NC 27511 THE PLM METHOD					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area <input checked="" type="checkbox"/>	Floor tile Mastic		<input checked="" type="checkbox"/>	Sq Ft: 5,800	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/18/2022 Complete: 3/23/2022					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/23/2022 Complete: 6/23/2022					



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

WET Method, Containment, NEG-AIR, Air Clearance

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: prep work site - signs poly over windows and doors, REMOVE CARPET, WET AND REMOVE FLOOR TILE, BAG, Spray mastic removal onto floor, REMOVE AND SOLIDIFY. Double bag. REMOVE COMPLETE MIRRORS. WRAP IN 6 mil poly. LOAD EVERYTHING INTO LINED DUMPER. CLEAN UP, Awaiting AIR CLEARANCE.

XII. WASTE TRANSPORTER #1

Name: BELL ENVIRONMENTAL SERVICES, LLC

Address: P.O. BOX 133

City: DELTA City State: MS Zip: 39061

Contact Person: Jimmy Bell Tel: 662 820 2124

WASTE TRANSPORTER #2 N/A

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: LeFLORE COUNTY LANDFILL

Address: 15200 US Hwy 49 E SOUTH

City: SIDON State: MS Zip:

Tel:

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

Name: Title:

Authority:

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

XV. FOR EMERGENCY RENOVATIONS: N/A

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 NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER: STOP REMOVAL, CONTINUE UNDER CONTAINMENT, CONTACT OWNER AND MDEQ. OF CHANGE. FOLLOW MDEQ DIRECTIONS

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.

Jimmy Bell Type or Print Name

Jimmy Bell (Signature of Owner/Operator)

3/7/2022 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell Type or Print Name

Jimmy Bell (Signature of Owner/Operator)

3/7/2022 (Date)