

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

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| MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery | | Postmark (mail only) | Date Received 4.8.22 | AI Number |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>Original</u> | | | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>Demo</u> | | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): | | | | |
| Bldg. Name: <u>Car Quest Parts Store</u> | | | | |
| Address: <u>4639 McWillie Dr.</u> | | | | |
| City: <u>Jackson</u> | | State: <u>Ms</u> | Zip: <u>39206</u> | |
| Site Location: <u>same as above</u> | | | Tel: | |
| Building Size: <u>8700 sq. ft.</u> | | # of Floors: <u>1</u> | Age in Years: <u>58</u> | |
| Present Use: <u>Vacant</u> | | Prior Use: <u>Parts Store</u> | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | | |
| OWNER NAME: <u>Ann McKee</u> | | | | |
| Address: <u>306 Deer Haven Dr.</u> | | | | |
| City: <u>Madison</u> | | State: <u>Ms</u> | Zip: <u>39110</u> | |
| Contact: <u>Ann McKee</u> | | | Tel: <u>6017209-2840</u> | |
| ASBESTOS REMOVAL CONTRACTOR: <u>Bestway Abatement</u> | | | | |
| Address: <u>222 Vicksburg Street / P.O. Box 88</u> | | | | |
| City: <u>Edwards</u> | | State: <u>Ms</u> | Zip: <u>39066</u> | |
| Contact: <u>Aaron Lee</u> | | | Tel: <u>6017383-3237</u> | |
| Certification Number: <u>ABC-00002924</u> | | | Expiration Date: <u>10/29/21</u> | |
| OTHER OPERATOR: <u>Fisher Construction Inc</u> | | | | |
| Address: <u>P.O. Box 16592</u> | | | | |
| City: <u>Jackson</u> | | State: <u>Ms</u> | Zip: <u>39236</u> | |
| Contact: <u>Renee Fisher</u> | | | Tel: <u>6017665-3813</u> | |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u> | | | | |
| WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u> | | | Inspection Date: <u>3/29/2022</u> | |
| Inspector: <u>Andrew Ables</u> | | Certification Number: <u>000010652</u> | Expiration Date: <u>01/07/2023</u> | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | | | | |
| <u>floor tile - Polarized Light Microscopy</u> | | | | |
| <u>Caulking - Polarized Light Microscopy</u> | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: <u>floor tile 6,000 sq. ft. - 20ft caulking</u> | | | | |
| Pipes (LN FT): | | Surface Area (SQ FT): <u>6000</u> | Volume of Facility Components (CU FT): | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: | | | | |
| Category I: | | 22 Category II: | | |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4/21/2022</u> Complete: <u>5/10/2022</u> | | | | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>5/26</u> Complete: <u>6/16/2022</u> | | | | |

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

Demo building + leave slab in place with trachs

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

Wet Method

XIII. WASTE TRANSPORTER #1

Name: Bestway Abatement
Address: 222 Vicksburg Street
City: Edwards State: Ms Zip: 39066
Contact Person: Aaron Lee Tel: 6017383-3237

WASTE TRANSPORTER #2

Name: Fisher Construction Inc
Address: P.O. Box 116592
City: Jackson State: Ms Zip: 39236
Contact Person: Renee Fisher Tel: 6017665-3813

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill
Address: 1716 N County Line Rd.
City: Ridgeland State: M Zip: 39157
Contact Person: Tel: 6017982-9488

XV. 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):

XVI. 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:

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

Stop and call DEQ

XVIII. 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.

Aaron Lee (Type or Print Name) Aaron Lee (Signature of Owner/Operator) 4/8/2022 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee (Type or Print Name) Aaron L (Signature of Owner/Operator) 4/8/2022 (Date)