

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only):	Notification # (MDEQ use only)		
		6-10-2022 Hand Delivery			
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Boost Mobile building</b>					
Address <b>3086 US- HWY 80 East</b>					
City: <b>Pearl</b>	State: <b>MS</b>	Zip: <b>39208</b>			
Site Location: <b>In front of Kroger</b>		Tel: <b>+16019391889</b>			
Building Size <b>3000</b>	# of Floors: <b>1</b>	Age in Years: <b>20-30</b>			
Present Use: <b>Retail</b>	Prior Use: <b>Retail</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Kroger - Delta Division</b>					
Address: <b>800 Ridge Lake Blvd.</b>					
City: <b>Memphis</b>	State: <b>Tn</b>	Zip: <b>38120</b>			
Contact: <b>Jonathon Baggett</b>		Tel: <b>770-900-5277</b>			
REMOVAL CONTRACTOR <b>Pearson Environmental Services</b>					
Address: <b>106 Southpointe Drive</b>					
City: <b>Byram</b>	State: <b>MS</b>	Zip: <b>39272</b>			
Contact: <b>Chris Pearson</b>		Tel: <b>601-937-1186</b>			
OTHER OPERATOR: <b>Harco Services, LLC</b>					
Address: <b>PO Box 2347</b>					
City: <b>Kennesaw</b>	State: <b>GA</b>	Zip: <b>30156</b>			
Contact: <b>Jonathon Baggett</b>					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<b>Beau Hale - PLM analysis - Oct. 1, 2020</b>					
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	Floor tile			Sq Ft: <b>500</b>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>7/5/2022</b> Complete: <b>7/7/2022</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>7/8/2022</b> Complete: <b>8/8/2022</b>					

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DEPT. OF ENVIRONMENTAL QUALITY

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

Renovation of walls, floors and exteriors. Selective Demolition

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

Containment set up, negative air, wet method removal, 6 mil poly bags for debris and hauled to approved landfill

XII. WASTE TRANSPORTER #1 Pearson Environmental Services

Name:

Address: 106 Southpointe Drive

City: Byram

State: Ms

Zip: 39272

Contact Person: Chris Pearson

Tel: 601-937-1186

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1017 N. County Line Rd.

City: Ridgeland

State: Ms

Zip: 39157

Tel: +16019829488

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Cease work, contain area, keep adequately wet, and contact DEQ

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.

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

6/8/22  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

6/8/22  
(Date)