

"Rev"

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) <i>EM 7/7/2022</i>	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R		Revision #01			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Vacant Building - Former Fred's Super Dollar					
Address 26591 E. Main Street					
City: West Point	State: MS	Zip: 39773			
Site Location: Throughout Sales Floor Area -Tile & mastic in rear of building to remain			Tel: (601) 750-2224		
Building Size 25,500 SF	# of Floors: 1	Age in Years: 65			
Present Use: Vacant	Prior Use: Retail				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: B & A Properties of Carthage, LLC.					
Address: 434 Woodhaven Drive					
City: Carthage	State: MS	Zip: 39051			
Contact: Brent Frederick			Tel: 601-750-2224		
REMOVAL CONTRACTOR Hernandez Demolition & Remediation, LLC.					
Address: 19 Minor Hill Road					
City: Hartselle	State: AL	Zip: 35640			
Contact: Michael J. Brown			Tel: 251-379-7038		
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-Method 600R/R-93/116; Reggie Sampson; ASI-00001921; 5/26/22					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed	Category I	Category II	UNIT
Pipes					Ln Ft. Ln M.
Surface Area	floor tile & mastic				Sq Ft. 15,500 Sq M.
Vol RACM Off Facility Component					Cu Ft. Cu M.
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/12/2022			Complete: 7/22/2022		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/25/2022			Complete: 10/31/2022		

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

Abatement of floor tile & mastic from sales floor area of former retail space

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

wet methods, negative pressure containment

XII. WASTE TRANSPORTER #1

Name: **Waste PRO of Mississippi, Inc.**

Address: **1600 12th Avenue South**

City: **Columbus**

State: **MS**

Zip: **39701**

Contact Person: **Julie Gooden**

Tel: **662-328-5528**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Kemper County Landfill**

Address: **21211 Highway 16**

City: **DeKalb**

State: **MS**

Zip: **39328**

Tel: **601-743-4310**

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:

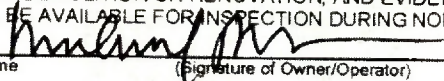
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work in area, test material, notify owner & MDEQ of any changes

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.

Michael J. Brown

Type or Print Name



(Signature of Owner/Operator)

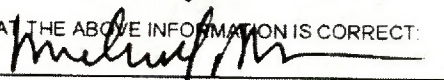
7/07/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Michael J. Brown

Type or Print Name



(Signature of Owner/Operator)

7/07/2022

(Date)