

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 2-14-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>D</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>Duro</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>Hico Square Shopping Center</u>				
Address: <u>1020 Forest Ave</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39206</u>	
Site Location: <u>same</u>		Tel: <u>N/A</u>		
Building Size: <u>58,000 sf</u>		# of Floors: <u>1</u>	Age in Years: <u>51/1972</u>	
Present Use: <u>Vacant</u>		Prior Use: <u>shopping center</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Jim Nash</u>				
Address: <u>399 Inghside Drive</u>				
City: <u>Madison</u>		State: <u>MS</u>	Zip: <u>39213</u>	
Contact: <u>Jim Nash</u>		Tel: <u>601 269-9199</u>		
ASBESTOS REMOVAL CONTRACTOR: <u>Foster Construction LLC</u>				
Address: <u>591 Raymond Rd</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39204</u>	
Contact: <u>Richard or Darius Foster</u>		Tel: <u>601 720-7291 or 769 216-9741</u>		
Certification Number: <u>ABC-00008477</u>		Expiration Date: <u>7-9-23</u>		
OTHER OPERATOR: <u>Socrates Garrett Enterprises</u>				
Address: <u>2659 Livingston road</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39213</u>	
Contact: <u>Socrates Garrett</u>		Tel: <u>601 209-9199</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>2/3/23</u>		
Inspector: <u>Chris Pearson</u>		Certification Number: <u>ABM-00005297</u>	Expiration Date: <u>1/5/23</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>Test method pm, lab tests / floor tile, mastic</u>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): <u>floor tile, mastic</u> <u>50,000 sf</u>		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <u>✓</u>		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>2/28/23</u>			Complete: <u>5/28/23</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>5/28/23</u>			Complete: <u>8/28/23</u>	

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

Utility Knife, razor, saws, spray bottle, polythene sheeting, waste bags, personal protective equipment, respirator, air machine

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

poly door, and windows, built door containment

XIII. WASTE TRANSPORTER #1

Name: Sacred Green Enterprise

Address: 2659 Livingston road

City: Jackson

State: MS

Zip: 39264

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill

Address: 520 Murphy Road

City: Meridian

State: MS

Zip: 39301

Contact Person: Au Neat specific

Tel: 601 483-0715

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:

Call MDEG

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:

Call MDEG

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.

Devin Furry

Type or Print Name

[Signature]

(Signature of Owner/Operator)

2/14/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Devin Furry

Type or Print Name

[Signature]

(Signature of Owner/Operator)

2/14/23

(Date)