

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MAP

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 3-24-23	AI Number
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: Young's Food Market				
Address: 315 Second Street				
City: Indianola		State: MS	Zip: 38751	
Site Location: 315 Second Street, Indianola, MS			Tel: 662-887-4902	
Building Size: 30 x 40 sq.		# of Floors: 1	Age in Years: 40 +	
Present Use: VACANT		Prior Use: GROcery Store		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Young's Food Market				
Address: 315 Second Street				
City: Indianola		State: MS	Zip: 38751	
Contact: Martin Smith		Tel: 662-265-6060		
ASBESTOS 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		
Certification Number: ABC-00001282		Expiration Date: 1/5/2024		
OTHER OPERATOR: DAVID Smith Construction, Inc.				
Address: 705 Hwy. 49 W				
City: Inverness		State: MS	Zip: 38757	
Contact: Martin Smith		Tel: 662-265-6060		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Removing Floor Tile ONLY, Treated AS ASBESTOS. REMOVE AS ASBESTOS.				
VII. QUANTITY OF RACM TO BE REMOVED: (Changing to BARE FLOOR.) FOR Washers & Dryers 1,200 sq. Floor Tile / Waste				
Pipes (LN FT): 0		Surface Area (SQ FT): 1,200 sq.	Volume of Facility Components (CU FT): 0	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: FLOOR TILE, 1,200 sq.				
Category I: <input checked="" type="checkbox"/>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/5/2023			Complete: 4/6/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/10/2023			Complete: 6/10/2023	

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

Containment, Wet Method, Neg-Air, Air Clearance

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: PREP WORK AREA, SIGNS, 6M² POLY OVER WINDOWS & DOORWAYS PLACE NEG-AIR IN PLACE, D-COOL UNIT. WET AND REMOVE TILE, DOUBLE BAG. REMOVE MASTIC DOUBLE BAG, CLEANUP, AWAIT AIR CLEARANCE

XIII. WASTE TRANSPORTER #1

Name: BALL 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:

XIV. WASTE DISPOSAL SITE

Name: LEBLOVE COUNTY LANDFILL

Address: 15200 HWY 49E SOUTH

City: SIDON

State: MS

Zip: 38954

Contact Person: MABEL BROWN

Tel: 662-455-6477

XV. 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):

XVI. 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:

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

WET AREA, CONTINUE NEG-AIR, CONTACT OWNER/MDEQ OF CHANGE. FOLLOW DIRECTIONS AT MDEQ

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.

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

3/24/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

3/24/2023

(Date)