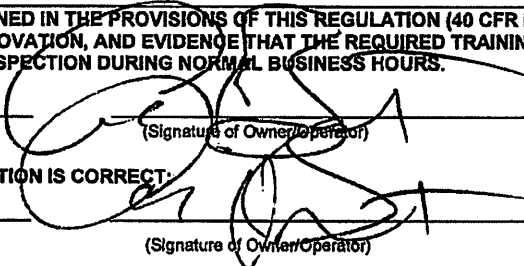



Rev

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 3-10-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Old Speedee Cash				
Address: 879 Brookway Blvd				
City: Brookhaven		State: MS	Zip: 39601	
Site Location: 879 Brookway Blvd			Tel:	
Building Size: 2,800 SF		# of Floors: 1	Age in Years: 30	
Present Use: Vacant		Prior Use: Commercial / Restaurant		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Avenue D Development				
Address: 1030 Phillip Street				
City: New Orleans		State: LA	Zip: 70130	
Contact: Matt Brooks			Tel: 504-579-6990	
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.				
Address: PO Box 15925				
City: Hattiesburg		State: MS	Zip: 39404	
Contact: William H. Stamps			Tel: 601-264-5550	
Certification Number: ABC-00001660			Expiration Date: 1/19/2024	
OTHER OPERATOR: Owner				
Address:				
City:		State: MS	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 2/9/2023	
Inspector: Anthony Bryant		Certification Number: ABI-00001683	Expiration Date: 5/24/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Carpet Glue, Caulks , Roofing Materials, Ceiling Tiles, Drywall w/ Joint Compound				
Sample collection and PLM Analysis				
VII. QUANTITY OF RACM TO BE REMOVED: Roofing Materials				
Pipes (LN FT):		Surface Area (SQ FT): 2,800 SF	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/22/23			Complete: 3/31/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/22/23			Complete: 3/31/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of silver roof coat & black roof drain using manual wet methods prior to demolition by others.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
All ACM will Wetted and removed . Waste will be placed in clear , labeled , poly bags and a placed in properly lined container for disposal.		
XIII. WASTE TRANSPORTER #1		
Name: Specialty Abatement Services, Inc.		
Address: PO Box 15925		
City: Hattiesburg	State: MS	Zip: 39404
Contact Person: William H. Stamps	Tel: 601-264-5550	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Pine Belt Regional Landfill		
Address: Hwy 29 N.		
City: Runnelstown	State: MS	Zip: 39465
Contact Person: James A. "Tony" Harrison, MBA	Tel: 601-545-6676	
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 ASTESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
All work will stop. MDEQ will be notified.		
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.		
Anthony Bryant		3/9/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Anthony Bryant		3/9/23
Type or Print Name	(Signature of Owner/Operator)	(Date)