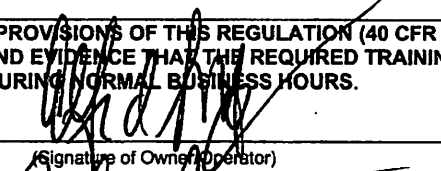
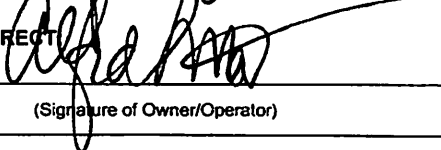


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 05-16-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R (#2)			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: Former Grocery Store (No Name)			
Address: 1206 Grand Ave			
City: Yazoo City	State: MS	Zip: 39194	
Site Location: Downtown - 1st Floor open space	Tel: 601 398-1141		
Building Size: 22,000sf	# 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: GA Carmichael			
Address: 1206 Grand Ave			
City: Yazoo City	State: MS	Zip:	
Contact: Preston McKay	Tel: 601 398-1141		
ASBESTOS REMOVAL CONTRACTOR: EMP			
Address: PO BOX 9361			
City: Jackson	State: MS	Zip: 39213	
Contact: Alfred Martin	Tel: 601 922-1919		
Certification Number: ABC 15683	Expiration Date: 3/16/24		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Y			
WAS ASBESTOS PRESENT? (Yes/No): Y		Inspection Date: 10/22	
Inspector: Alfred Martion	Certification Number: ABI 1570	Expiration Date: 3.17.24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Floor Tile and mastic Transite Siding PLM method			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: Appr. 14,400sf FT, Mastic, Appr. 2,000 transite		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/2/23 Complete: 5/8/23			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/10/23 Complete: 9.30.23 est.			

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Wet removal of FT and mastic. Bag and dispose of.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Critical barriers will be used.		
XIII. WASTE TRANSPORTER #1		
Name: ADS		
Address: Springridge Rd		
City: Clinton	State: MS	Zip:
Contact Person: Donna	Tel: 601 925-0507	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Little Dixie		
Address: County Line		
City:	State: MS	Zip:
Contact Person:	Tel: 601982-9488	
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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Work stopped to sample		
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.		
Alfred Martin		5/8/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Alfred Martin		5/8/23
Type or Print Name	(Signature of Owner/Operator)	(Date)