

# 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 6-20-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>R</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation F=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Vacant Building</b>				
Address: <b>5746 Highway 80 East</b>				
City: <b>Pearl</b>		State: <b>MS</b>	Zip: <b>39208</b>	
Site Location: <b>Crossgates Shopping Center</b>			Tel: <b>601-208-0558</b>	
Building Size: <b>16,000 sf</b>		# of Floors: <b>1</b>	Age in Years: <b>30+</b>	
Present Use: <b>Vacant Retail</b>		Prior Use: <b>Fred's Dollar Store</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Concord Companies</b>				
Address: <b>300 Concourse Blvd Suite 105</b>				
City: <b>Ridgeland</b>		State: <b>MS</b>	Zip: <b>39157</b>	
Contact: <b>Steven Bell</b>			Tel: <b>601-208-0558</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>M and M Services, Inc.</b>				
Address: <b>P. O. Box 68431</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39286</b>	
Contact: <b>Rodney Thompson</b>			Tel: <b>601-982-8695</b>	
Certification Number: <b>ABS-00002320</b>			Expiration Date: <b>3/13/2024</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>4/17/2023</b>	
Inspector: <b>Reggie Sampson</b>		Certification Number: <b>ABI-00001921.</b>	Expiration Date: <b>UK</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Approximately 16,000 square feet of black mastic located throughout the space. This mastic is below two layers of non-asbestos 12" floor tile. Other material surveyed were sheet rock and mud and ceiling tile. See survey attached.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): <b>16,000 sf</b>		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>Floor Tile Mastic only</b>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>6/26/23</b> Complete: <b>7/4/23</b>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>7/5/23</b> Complete: <b>12/31/23</b>				

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

Wet methods removing floor tile adhesive

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

Keep wet and double bag material

**XIII. WASTE TRANSPORTER #1**

Name: M and M Services, Inc.

Address: P. O. Box 68431

City: Jackson

State: MS

Zip: 39286

Contact Person: Rodney Thompson

Tel: 601-982-8695

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Little Dixie Landfill

Address: 1716 North County Line Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Mike Raley

Tel: 601-613-8671

**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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:**

Stop work and notify owner

**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.**

Dale McGuffie

Dale McGuffie

6/12/2023

Type or Print Name

(Signature of Owner/Operator)

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Dale McGuffie

Dale McGuffie

6/12/2023

Type or Print Name

(Signature of Owner/Operator)

(Date)