

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	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Former Fred's Space				
Bldg. Name: Former Fred's Space				
Address: 2616 Highway 82 East				
City: Greenwood		State: MS	Zip: 39830	
Site Location: Former Fred's Space			Tel: 6624552633	
Building Size: 16,000 square feet		# of Floors: 1	Age in Years: 19	
Present Use:		Prior Use: Former Fred's Drugstore		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Dollar Tree Stores, Inc.				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
ASBESTOS REMOVAL CONTRACTOR: Advanced Environmental Consultants, Inc.				
Address: 775 N. President Street				
City: Jackson		State: MS	Zip: 39202	
Contact: Dr. DeJonnelle King			Tel: 6013621788	
Certification Number: ABC-00002431			Expiration Date: 01/03/24	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 12/01/21	
Inspector: Reggie Sampson		Certification Number: ABI-00001921	Expiration Date: 08/02/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM Testing - Floor tile, mastic, cove base, sheetrock, glue, fiber glass ceiling				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 15,500		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 15,500 square feet			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/27/23			Complete: 06/30/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06/27/23			Complete: 07/07/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Mastic will be removed using the wet method and HEPA filter equipped vaccu will be utilized during abatement activity.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Wetting flooring before removal of the asbestos containing mastic and associated floor tile. HEPA vaccum will also be utilized.

XIII. WASTE TRANSPORTER #1

Name: Advanced Environmental Consultants, Inc,

Address: 775 N. President Street

City: Jackson

State: MS

Zip: 39202

Contact Person: Dr. DeJonnelle King

Tel: 6013621788

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Leflore County Sanitary Landfill

Address: 15200 US Highway 49 S

City: Sidon

State: MS

Zip: 38935

Contact Person: Troy Thompson

Tel: 6624538550

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:

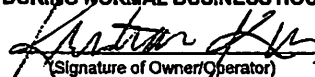
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Operations will cease, the area will be contained and the owner and 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.

Kristian King

Type or Print Name


(Signature of Owner/Operator)

06/13/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Kristian King

Type or Print Name


(Signature of Owner/Operator)

06/13/23

(Date)