## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: XEmail □Mail □Hand Delivery	Postmark (mai	l only)	Date Re	ceived 8-07-2023	Al Number		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):							
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):							
Bldg. Name: Former Philadelphia Security Insurance							
Address: 528 E Main Street							
<sub>City:</sub> Philidephia		State: MS		<sub>Zip:</sub> 39350			
Site Location: throughout space				<sub>Tel:</sub> N/A			
Building Size: unknwon		# of Floors: 2		Age in Years: Unknown			
Present Use: Vacant		Prior Use: Insura	nce				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: W.G. Yates & Sons Construction Company							
Address: 104 Gully Avenue							
		State: MS		z <sub>ip:</sub> 39350			
Contact: Michael Hancock				<sub>Tel:</sub> 601-416-9303			
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC							
Address: 7705 Northshore Place							
City: North Little Rock		State: AR		<sub>Zip:</sub> 72118			
Contact: Justin Dixon/Andrew Ables				Tel: 501-801-2776/601-559-2185			
Certification Number: ABC-00009502			Expiration	Expiration Date: 9/30/2023			
OTHER OPERATOR: N/A							
Address: N/A		T					
City: N/A		State: N/A		<sub>Zip:</sub> N/A			
Contact: N/A				Tel: N/A			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes							
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 4/18/2023				
Inspector: Paul Anderson	Certification	Number: ABI-168	86	Expiration	Date: 6/24/2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM Bulk Samples							
Floor tile/Mastic, Linoleum Ceiling texture Perimeter Wall flashing on roof							
VII. QUANTITY OF RACM TO BE REMOVED: Ceiling Texture							
Pipes (LN FT):		<sub>SQ FT):</sub> 510 SF	\	Volume of Facility Co	mponents (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category I: FT/M (2,900 SF)  Category II: 384 SF of Linoleum, 650 SF of wall flashing on roc							
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/21/2023 Complete: 8/25/2023							
x. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete: N/A							

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:						
Materials listed to be removed by hand so facility	/ can be demolished.(	FT/Mastic, CT, Line	oleum & Wall Flashing)			
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:						
Materials will be wetted, during and after abatement, pr	operly packaged, labeled	and transported to a c	class 1 landfill for disposal.			
XIII. WASTE TRANSPORTER #1						
Name: Central MS Recycling						
Address: 221 Gum Street		,				
<sub>City:</sub> Philadelphia	State: MS	<sub>Zip:</sub> 39350				
Contact Person: Walton Stinson		<sub>Tel:</sub> 601-562-5794				
WASTE TRANSPORTER #2						
Name: N/A						
Address: N/A						
City: N/A	State: N/A	<sub>Zip:</sub> N/A				
Contact Person: N/A		Tel: N/A				
XIV. WASTE DISPOSAL SITE						
Name: Kemper County Landfill						
Address: 21211 Highway 16 West						
<sub>City:</sub> Dekalb	State: MS	Zip: 39328				
Contact Person: Jeff Papson		Tel: 601-743-4310				
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENC	CY, PLEASE IDENTIFY THE	AGENCY BELOW:				
Name: N/A	ne: N/A Title: N/A					
Authority: N/A						
Date of Order (MM/DD/YY): N/A	Date Ordered to	Begin (MM/DD/YY): N/	'A			
XVI. FOR EMERGENCY RENOVATIONS:						
Date and Hour of Emergency (MM/DD/YY): N/A						
Description of the sudden unexpected event:						
N/A						
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:						
N/A						
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:						
Wet the unexpected, make area safe and notify DEQ						
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.						
Barbara McElroy	Barbara Mc (Signature of Owner/Operator)	Ctroy	8/7/2023			
Type or Print Name	(Signature of Owner/Operator)		(Date)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:						
Barbara McElroy	Barbara McC	8/7/2023				
Type or Print Name	(Signature of Owner/Operator)		(Date)			