

# 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 11/27/2024	AI Number 87244
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 E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>ASHLEY FURNITURE FACTORY #4</b>				
Address: <b>5380 MS-145</b>				
City: <b>TUPELO</b>		State: <b>MS</b>	Zip: <b>38801</b>	
Site Location: <b>INTERIOR OFFICE SPACE IN NORTH PART OF WAREHOUSE</b>			Tel: <b>715-797-4074</b>	
Building Size: <b>400,000 SF</b>		# of Floors: <b>1</b>	Age in Years: <b>60+/-</b>	
Present Use: <b>OFFICE/ FACTORY</b>		Prior Use: <b>OFFICE/ FACTORY</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>ASHLEY FURNITURE INDUSTRIES, LLC.</b>				
Address: <b>P O BOX 250</b>				
City: <b>ARCADIA</b>		State: <b>WI</b>	Zip: <b>54612</b>	
Contact: <b>ALEX LINDBERG</b>			Tel: <b>715-797-4074</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>GULF SERVICES CONTRACTING INC.</b>				
Address: <b>5000 RANGELINE ROAD</b>				
City: <b>MOBILE</b>		State: <b>AL</b>	Zip: <b>36619</b>	
Contact: <b>Jonathan Valle</b>			Tel: <b>251-404-9263</b>	
Certification Number: <b>ABC-000013116</b>			Expiration Date: <b>03/01/2025</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>No</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Assumed</b>			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Assumed Asbestos. Previous samples in other locations tested positive. This looks to be homogeneous.				
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: <b>1,250 SF VCT &amp; MASTIC</b>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>12/3/2024</b>			Complete: <b>12/4/2024</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

**ABATEMENT AND DEMOLITION**

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

**NEGATIVE PRESSURE, WET METHODS, FULL CONTAINMENT**

**XIII. WASTE TRANSPORTER #1**

Name: Resourceful Environmental Services, Inc. (RES)

Address: P O BOX 598

City: RIPLEY

State: MS

Zip: 38663

Contact Person: SHEA MASK

Tel: 662-837-0985

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: THREE RIVERS LANDFILL

Address: 1904 MS-76

City: PONTOTOC

State: MS

Zip: 38863

Contact Person: ALICIA CHISOLM

Tel: 662-488-0444

**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:**

**STOP WORK, NOTIFY OWNERS AND MDEQ.**

**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.**

Derek Biehl

Type or Print Name

(Signature of Owner/Operator)

11/27/2024

(Date)

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

Derek Biehl

Type or Print Name

(Signature of Owner/Operator)

11/27/2024

(Date)