

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Old Freds Dollar Store				
Address 29 Sgt. Prentiss Dr., Natchez, MS 39120				
City: Natchez	State: MS	Zip: 39120		
Site Location: Same as above		Tel: 318-914-1576		
Building Size 20,000sf	# of Floors: 1	Age in Years: 40		
Present Use: Vacant	Prior Use: Store			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Brent Graham				
Address: 1410 Granby Dr. Baton Rouge, LA 70820				
City: Baton Rouge	State: LA	Zip: 70820		
Contact: Will Watson		Tel: 318-914-1576		
REMOVAL CONTRACTOR Anderson Environmental				
Address: P. O. Box 16891				
City: Jackson	State: MS	Zip: 39236		
Contact: Daryl Anderson		Tel: 601-354-4400		
OTHER OPERATOR: Advanced Environmental Consulting, Inc				
Address: 16718 Old Hammond Hwy.				
City: Baton Rouge	State: LA	Zip: 70816		
Contact: Julie Hatchell				
V. IS ASBESTOS PRESENT? (Yes/No) YES				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Name and date will be added later		EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY		
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area Floor tile and mastic	19000sf			Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4-23-21			Complete: 5-23-21	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-24-21			Complete: 6-30-21	

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Dept. of Environmental Quality

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

Asbestos abatement for the renovation of the Fred's Dollar Store

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

Area barricaded using asbestos signs and danger tape, in containment, placed under negative pressure and kept wet

XII. WASTE TRANSPORTER #1

Name: **Waste Pro**

Address: **396 1/2, Liberty Rd, Natchez, MS 39120**

City: **Natchez** State: **MS** Zip: **39120**

Contact Person: **Office manager** Tel: **(601) 361-9967**

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE **Waste Mgt. of MS, Inc.**

Name: **Plantation Oaks Landfill**

Address: **35 Shieldsboro Road**

City: **Natchez** State: **MS** Zip: **39165**

Tel: **601 445-8459**

XIV. 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):

XV. 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:

XVI. 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:

Halt all work and notify the proper authority

XVII. 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.

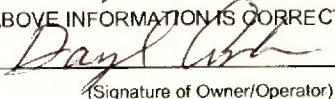
Daryl Anderson
Type or Print Name


(Signature of Owner/Operator)

4-09-21
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson
Type or Print Name


(Signature of Owner/Operator)

4-09-21
(Date)