

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 11/13/2024	At Number
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): R			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: Former Department Store			
Address: College Park (560) – 832 Hwy. 19 N – Meridian, MS			
City: Meridian	State: MS	Zip: 39307	
Site Location: Shopping area	Tel: 334-313-2931		
Building Size: Approx. 10,000sf	# of Floors: 1	Age in Years: 40+	
Present Use: None	Prior Use: Store		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: William Pearce RESE Real Estate			
Address: William Pearce RESE Real Estate Southeast 1026 Selma Hwy, Prattville, AL 36067			
City: Prattville	State: AL	Zip: 36067	
Contact: William Pearce	Tel: 334-313-2931		
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL			
Address: 783 HARRIS STREET			
City: JACKSON	State: MS	Zip: 39202	
Contact: DARYL ANDERSON	Tel: 601-354-4400		
Certification Number: ABC-00002173	Expiration Date: 11-08-25 11/08/2025		
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: 2-22-2024	
Inspector: Paul Anderson	Certification Number: ABI-00001686	Expiration Date: 05/31/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Floors, ceilings, walls, pipes, windows, ect., roof not involved.			
Procedure PLM-Polarized Light Microscopy			
VII. QUANTITY OF RACM TO BE REMOVED: 8000sf of floor tile and mastic, 1500 ceiling material			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I:	Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-02-24		Complete: 12-30-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

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

Renovation of Shopping Center Store

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

Area barricaded off with asbestos danger tape, put under negative pressure material kept wet and placed in acm bags for disposal

XIII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: 783 Harris Street

City: Jackson

State: MS

Zip: 39202

Contact Person: Daryl Anderson

Tel: (601) 354-4400

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE Waste Management

Name: WM Pine Ridge Landfill

Address: 520 Murphy road

City: Meridian

State: MS

Zip: 39301

Contact Person: Landfill Manager

Tel: 601-483-0715

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:

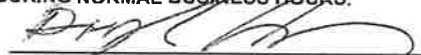
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Halt all work and notify the proper authority

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.

DARYL ANDERSON

Type or Print Name


(Signature of Owner/Operator)

11-11-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

DARYL ANDERSON

Type or Print Name


(Signature of Owner/Operator)

11-11-24

(Date)