

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 3/31/2025	AI 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: Vacant Owen's Outfitter's				
Address: 311 Highway 12 W				
City: Starkville		State: MS	Zip: 39759	
Site Location: Main Sales Floor			Tel: 601-573-2312	
Building Size: 13,000 S.F.		# of Floors: 1	Age in Years: Over 25	
Present Use: Vacant		Prior Use: Retail Store		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Concord Realty Services, LLC				
Address: 300 Concourse Boulevard, Suite 105				
City: Ridgeland		State: MS	Zip: 39157	
Contact: Breck Hines			Tel: 601-573-2312	
ASBESTOS REMOVAL CONTRACTOR: Environmental Evaluation & Control, Inc.				
Address: P.O. Box 5422				
City: Columbus		State: MS	Zip: 39704	
Contact: Ron Robinson			Tel: 662-328-2286	
Certification Number: ABC-00007293			Expiration Date: 03-06-26	
OTHER OPERATOR: N/A				
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: 2-10-25	
Inspector: Reggie Sampson		Certification Number: ABI-00001921	Expiration Date: 07-19-25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floor Tile & Mastic, Sheetrock & Joint Compound, Ceiling Tile				
Eckhart Environmental Services, LLC; PLM Method				
VII. QUANTITY OF RACM TO BE REMOVED: 9860 S.F. Floor Tile & Mastic				
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: 4-14-25			Complete: 4-21-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-22-25			Complete: 5-23-25	

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

Removal of asbestos containing materials using wet method.

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

Strip & Removal, Wet Method, Double Bagging

XIII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 1600 12th Avenue South

City: Columbus

State: MS

Zip: 39701

Contact Person: Julie Goodwin

Tel: 662-328-5528

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Kemper County Landfill Company, LLC

Address: 21211 Hwy 16 East

City: De Kalb

State: MS

Zip: 39328

Contact Person: Jeff Papasan

Tel: 601-743-4310

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS: N/A

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:

Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

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.

Ron Robinson

Type or Print Name

(Signature of Owner/Operator)

03-31-25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson

Type or Print Name

(Signature of Owner/Operator)

03-31-25

(Date)