



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 4/10/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): OR				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Old Scottish Inn				
Address: 3955 Clay St				
City: Vicksburg		State: MS	Zip: 39183	
Site Location: off I-20, near econolodge		/in rooms throughout		Tel: 504-628-8873
Building Size: 12,000		# of Floors: 2	Age in Years: 50+	
Present Use: VACANT		Prior Use: HOTEL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MCB Canton Warehouse, LLC f/k/a MCB Services, LLC				
Address: 3955 Clay Street				
City: Vicksburg		State: MS	Zip: 39183	
Contact: Jon Guimbellot		Tel: 504-628-8873		
ASBESTOS REMOVAL CONTRACTOR: Pearson Environmental				
Address: 130 Southpointe Dr, Suite J				
City: Byram		State: MS	Zip: 39272	
Contact: Chris pEARSON		Tel: 019371186		
Certification Number: ABC-00005297			Expiration Date: 12-18-25	
OTHER OPERATOR: NA				
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: April 7, 2025	
Inspector: Chance Pearson		Certification Number: ABI-00013290	Expiration Date: Dec 18, 2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Sheetrock; flooring; ceiling and wall textures- metal roof. Bulk samples collected for PLM analysis at NVLAP approved laboratory				
VII. QUANTITY OF RACM TO BE REMOVED: ceiling textures and floor tile				
Pipes (LN FT):	Surface Area (SQ FT): 26,000		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: NA				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4-23-25			Complete: 5-8-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-9-25			Complete: 6-9-25	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of structure with excavator once abatement is completed		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: full containment with HEPA scrubber for negative pressure; wet method removal; all debris bagged and sealed and loaded into dumpster for transport to approved landfill		
XIII. WASTE TRANSPORTER #1		
Name: Pearson Environmental		
Address: 130 Southpointe Dr, suite J		
City: Byram	State: MS	Zip: 39272
Contact Person: Chris Pearson		Tel: 6019371186
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: Little Dixie Landfill		
Address: 1716 N. County Line rd		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: Mike Raley		Tel: 6019829488
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: MDEQ notified; materials kept wet with amended water; contain material; additional monitoring		
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.		
Chris Pearson		4-10-25
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Chris Pearson		4-10-25
Type or Print Name	(Signature of Owner/Operator)	(Date)