

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 4/11/2025	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: OLD GOODY'S DEPT STORE					
Address 620 S STATE STREET					
City: CLARKSDALE		State: MS		Zip: 38614	County: COAHOMA
Site Location: MAIN STORE AREA, STORAGE ROOM, BREAK ROOM				Tel: NO PHONE	
Building Size 25,000		# of Floors: 1		Age in Years: 51 YEARS	
Present Use: VACANT		Prior Use: DEPARTMENT STORE			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)					
OWNER NAME: CLARKSDALE CENTER INC.					
Address: 115 WEST MADISON					
City: PULASKI		State: TN		Zip: 38478	
Contact: TYLER HUTTON				Tel: 901 672 4554	
ASBESTOS REMOVAL CONTRACTOR: CHARLES LESURE					
Address: 547 EAST OHEA STREET					
City: GREENVILLE		State: MS		Zip: 38701	
Contact: CHARLES LESURE				Tel: 662-820-9595	
Certification Number: ABC-00001324				Expiration Date: 12/02/2025	
OTHER OPERATOR: BELL ENVIRONMENTAL SERVICES LLC					
Address: 3016 DELTA CITY ROAD					
City: DELTA CITY		State: MS		Zip: 39061	
Contact: JIMMY BELL				Tel: 662 873 4551	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES					
WAS ASBESTOS PRESENT? (Yes/No): YES				Inspection Date: 08/28/2024	
Inspector: MARTIN A. COOKE		Certification Number: ABI-00002227		Expiration Date: 01/24/2025 02/14/2026	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
MASTIC STUCK TO CARPET					
EMSL ANALYTICAL					
AHERA METHOD 40 CFR 763 SUBPART E APPENDEX E SUPPLEMENTED WITH EPA 600/R-93 /116 USING POLARIZED LIGHT MICROSCOPY					
VII. QUANTITY OF RACM TO BE REMOVED:					
Pipes (LN FT):		Surface Area (SQ FT): 18,000 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: 04/25/2025				Complete: 05/07/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

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

WET ALL DEBRIS AND REMOVE AND TAKE TO A CERTIFIED LANDFILL

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

ADEQUATELY WET

XIII. WASTE TRANSPORTER #1

Name: **LESURE'S EXCAVATION & DEMOLITION INC.**

Address: **547 EAST OHEA STREET**

City: **GREENVILLE**

State: **MS**

Zip: **38701**

Contact Person: **CHARLES LESURE**

Tel: **662-820-9595**

WASTE TRANSPORTER #2

Name: **BELL ENVIRONMENTAL SERVICES LLC**

Address: **3016 DELTA CITY ROAD**

City: **DELTA CITY**

State: **MS**

Zip: **39061**

Contact Person: **JIMMY BELL**

Tel: **662 873 4551**

XIV. WASTE DISPOSAL SITE

Name: **BFI/REPUBLIC**

Address: **52 LANDFILL ROAD**

City: **LELAND**

State: **MS**

Zip: **38756**

Contact Person: **ROXANNE WORBINGTON**

Tel: **662 332 7927**

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:

WET ASBESTOS DOWN AND CONTACT MDEQ IMMEDIATELY

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.

CHARLES LESURE

Type or Print Name

Charles Lesure
(Signature of Owner/Operator)

4/11/25
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

CHARLES LESURE

Type or Print Name

Charles Lesure
(Signature of Owner/Operator)

4/11/25
(Date)