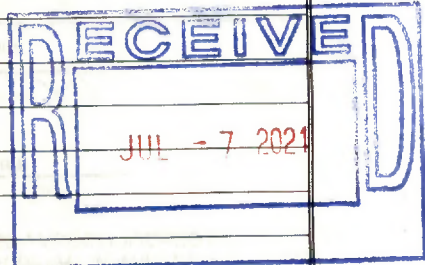


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 6/30/2021	Date Received (MDEQ use only) 7/7/2021	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) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) RETAIL STORE					
Bldg. Name: NATCHEZ MALL					
Address: 350 JOHN R JUNKIN					
City: NATCHEZ	State: MS	Zip: 39601			
Site Location: 10LD GOODYS			Tel:		
Building Size: 233,646	# of Floors: 1	Age in Years: 70			
Present Use: VACANT	Prior Use: GOODYS STORE				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: OVERBY COMMERCIAL					
Address: 1808 STATE STREET					
City: JACKSON	State: MS	Zip: 39202			
Contact:			Tel: 601 366 8511		
REMOVAL CONTRACTOR: REID ABATEMENT JOHN REID					
Address: 1621 CLEARVIEW CIRCLE					
City: COLUMBIA	State: MS	Zip: 39429			
Contact: JOHN REID			Tel: 601 441 5290		
OTHER OPERATOR: THORPE SHEET METAL					
Address: 649 US 61					
City: NATCHEZ	State: MS	Zip: 39120			
Contact: B JOHNSON 601 807 0583					
V. IS ASBESTOS PRESENT? (Yes/No) YE					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): JOHN REID DOI-12-20-20 PLM EHS					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
			Ln Ft:	Ln M:	
Pipes	0			Sq Ft: X	Sq M:
Surface Area	1200	VCT		Cu Ft:	Cu M:
Vol RACM Off Facility Component					
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-18-2021				Complete: 7-22-2021	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-18-2021				Complete: 8-18-2021	



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

REMOVE VCT AND MASTIC, REMOVE DRESSING ROOMS

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

WET METHOD

XII. WASTE TRANSPORTER #1

Name: JOHN REID

Address: 1621 CLEARVIEW CIRCLE

City: COLUMBIA

State: MS

Zip: 39429

Contact Person: JOHN REID

Tel: 601 441 5290

WASTE TRANSPORTER #2 NA

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: GREENWAY ENVIRONMENTAL SERVICES

Address: HWY 61 SOUTH

City: FAYETTE

State: MS

Zip:

Tel:

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

Name: NA

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:

STOP WORK CONTAIN AREA CONTACT MDEQ

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.

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

(Date)

6-29-2021

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

(Date)

6-29-2021