MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)

RECEIVED
OCT 26 202
Dept. of Environmental Quality

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R

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: Cinnamon Tree

Address 1322 Washington Street

City: Vicksburg | State: MS | Zip: 39180

Site Location: 1322 Washington Street | Tel: 601-636-6525

Building Size 5,304 sq. ft | # of Floors: 2 | Age in Years: 40+

Present Use: Gift Shop | Prior Use: Msc. Retail

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Cinnamon Tree, Inc.

Address: 1322 Washington Street,

City: Vicksburg | State: MS | Zip: 39180

Contact: Karan Ruggles | Tel: 601-636-6525

REMOVAL CONTRACTOR Vicksburg Roofing, Inc.

Address: 4190 Tiffintown Road

City: Vicksburg | State: MS | Zip: 39180

Contact: Todd Montpelier | Tel: 601661-7663

OTHER OPERATOR: Environmental Management Plus, Inc.

Address: P.O. Box 9361

City: Jackson | State: MS | Zip: 39286

Contact: Alfred Martin

V. IS ASBESTOS PRESENT? (Yes/No) Yes

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Inspector - Alfred Martin, EMP, Inc.

Date inspected 10/01/2021, samples analyzed by Certified Lab using PLM

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area	Chrosotile	N/A	N/A	SqFt: 5,304	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/01/2021 Complete: 11/05/2021

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/08/2021 Complete: 11/17/2021

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

Replace Roof, work to be done manually

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

Asbestos to be abated by licensed abatement contractor using hand tools & manually operated devices.

XII. WASTE TRANSPORTER #1 demolition debris not containing asbestos)

Name: Vicksburg Roofing, Inc.

Address: 4190 Tiffintown Rd.

City: Vicksburg | State: MS | Zip: 39180

Contact Person: Todd Montpelier | Tel: 601-61-7163

WASTE TRANSPORTER #2

Name: EMP, Inc.

Address: P.O. Box 9361

City: Jackson | State: MS | Zip: 39286

Contact Person: Alfred Martin | Tel: 601-573-1585

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill, Inc.

Address: 1716 N. County Line Rd.

City: Ridgeland | State: MS | Zip:

Tel: 601-292-2221

XIV. 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):

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:

N/A

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

Work will stop immediately; to resume upon removable of all hazardous material

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.

Don Miller — Type or Print Name | D Miller — (Signature of Owner/Operator) | 10/22/2021 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Don Miller — Type or Print Name | D Miller — (Signature of Owner/Operator) | 10/22/2021 — (Date)