

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

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|--|--|--|---|-----------|
| MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | | Postmark (mail only) 4.15.2022 | Date Received 4.18.2022 | AI Number |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): | | O = ORIGINAL | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): | | R = RENOVATIONS | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): | | | | |
| Bldg. Name: <u>GREENVILLE MALL SEARS BUILDING</u> | | | | |
| Address: <u>1651 MS HWY 1 SOUTH</u> | | | | |
| City: <u>GREENVILLE</u> | State: <u>MS</u> | Zip: <u>38701</u> | <div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> RECEIVED APR 18 2022 Dept. of Environmental Quality </div> | |
| Site Location: <u>1651 MS HWY 1S</u> | | Tel: <u>817-629-3727</u> | | |
| Building Size: <u>13,727 SF</u> | # of Floors: <u>1</u> | Age in Years: <u>40 +</u> | | |
| Present Use: <u>WAREHOUSE STORAGE</u> | Prior Use: <u>WAREHOUSE STORAGE</u> | | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | | |
| OWNER NAME: <u>LU ENTERPRISE, LLC</u> | | | | |
| Address: <u>1419 CLAIBORNE LANE</u> | | | | |
| City: <u>ALEDO</u> | State: <u>TX</u> | Zip: <u>76008</u> | | |
| Contact: <u>TOM HACKLEMAN</u> | | Tel: <u>817-629-3727</u> | | |
| ASBESTOS REMOVAL CONTRACTOR: <u>BELL ENVIRONMENTAL SERVICES, LLC.</u> | | | | |
| Address: <u>P.O. BOX 133</u> | | | | |
| City: <u>DELTA CITY</u> | State: <u>MS</u> | Zip: <u>39061</u> | | |
| Contact: <u>JIMMY BELL</u> | | Tel: <u>662-820-2124</u> | | |
| Certification Number: | Expiration Date: | | | |
| OTHER OPERATOR: <u>LU ENTERPRISE LLC</u> | | | | |
| Address: <u>1419 CLAIBORNE LANE</u> | | | | |
| City: <u>ALEDO</u> | State: <u>TX</u> | Zip: <u>76008</u> | | |
| Contact: <u>817-629-3727</u> | | Tel: <u>817-629-3727</u> | | |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>YES (BEIGE FLOOR TILE/MASTIC ONLY)</u> | | | | |
| WAS ASBESTOS PRESENT? (Yes/No): <u>YES</u> | | Inspection Date: <u>4/7/2022</u> | | |
| Inspector: <u>CYNTHIA LESURE</u> | Certification Number: <u>ABE-00003038</u> | Expiration Date: <u>3/3/2023</u> | | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>PLM method by EUROFIN/CELLABS 730 SE MAYNARD ROAD, CARY, NC 27511</u> <u>MATERIALS SAMPLED: SHEET ROCK MUD, FLOOR TILE, MASTIC, PIPE INSULATION, CEILING TILE.</u> | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: | | | | |
| Pipes (LN FT): <u>0</u> | Surface Area (SQ FT): <u>2100 SF</u> | Volume of Facility Components (CU FT): | | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <u>2100 SF</u> | | | | |
| Category I: | Category II: <input checked="" type="checkbox"/> | | | |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4/26/2022</u> | | Complete: <u>4/28/2022</u> | | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>4/29/2022</u> | | Complete: <u>7/29/2022</u> | | |

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

WET Method REMOVE INTACT, CONTAINMENT, NEG-AIR, AIR CLEARANCE.

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

Signs, 6 mil poly over ENTRANCE, WET, REMOVE TILE INTACT, DOUBLE BAG, DROP TAGS, TAPE CLOSE.

XIII. WASTE TRANSPORTER #1

Name: HORTON WASTE SERVICES

Address: P.O. BOX 305

City: Boyle

State: MS

Zip: 38730

Contact Person: STEVE HORTON

Tel: 662-588-5092

WASTE TRANSPORTER #2

N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: LEFLORE COUNTY LANDFILL

Address: 15200 US Hwy 49E South

City: sidon

State: MS

Zip: 38954

Contact Person: MABEL BROWN

Tel: 662-455-6477

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

N/A

Name:

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: STOP WORK, REMAIN UNDER CONTAINMENT/NEG-AIR. CONTACT OWNER/MDEQ OF CHANGE. FOLLOW MDEQ DIRECTIONS.

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, REMAIN UNDER CONTAINMENT/NEG-AIR. CONTACT OWNER/MDEQ OF CHANGE. FOLLOW MDEQ DIRECTIONS.

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.

Jimmy Bell

Type or Print Name

Jimmy Beer

(Signature of Owner/Operator)

4/14/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

4/14/2022

(Date)