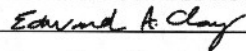
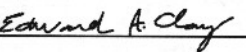


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 10-21-2022	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: Leigh Mall				
Address: 1404 Old Aberdeen Road				
City: Columbus		State: MS	Zip: 39705	
Site Location: Interior Units-Various		Tel: 662-386-1221		
Building Size: Appx 200,000 sq ft		# of Floors: 1	Age in Years: 50	
Present Use: Vacant		Prior Use: Retail Shops		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Hull Property Group				
Address: 1190 Interstate Parkway				
City: Augusta		State: GA	Zip: 30909	
Contact: Greg Hall		Tel: 706-755-6797		
ASBESTOS REMOVAL CONTRACTOR: EAC Environmental				
Address: 4546 Cal Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Ed Clay		Tel: 662-386-6386		
Certification Number: ABC 00005192			Expiration Date: 12-06-22	
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: 03-10-22	
Inspector: Steve Conner		Certification Number: ABI-00002481	Expiration Date: 12-02-22	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Drywall, Joint Compound, Acoustical tiles, Floor tile, and Mastic Analyzed by PLM				
VII. QUANTITY OF RACM TO BE REMOVED: 4,905sq ft tile and mastic				
Pipes (LN FT):	Surface Area (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: 11-10-22			Complete: 11-23-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Remove floor tile and mastic using wet method and hand tools (Various areas in the Mall.. ref Dennis Kelly)		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Contain work area, Air Scrubbers, Wet method Removal, Double Bag in 6mil poly		
XIII. WASTE TRANSPORTER #1		
Name: EAC Environmental		
Address: 4546 Cal Steens Road		
City: Caledonia	State: MS	Zip: 39740
Contact Person: Ed Clay	Tel: 662-386-6386	
WASTE TRANSPORTER #2		
Name: Waste Pro		
Address: 1600 12th Avenue South		
City: Columbus	State: MS	Zip: 39701
Contact Person: RuthAnn Faris	Tel: 662-328-5528	
XIV. WASTE DISPOSAL SITE		
Name: RoBo Landfill		
Address: 6447 Wahalak Road		
City: Scooba	State: MS	Zip: 39358
Contact Person: Roland Edmonds	Tel: 662-793-4795	
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:		
Contain material, notify owner and MDEQ		
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.		
Edward A. Clay		10-21-22
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Edward A. Clay		10-21-22
Type or Print Name	(Signature of Owner/Operator)	(Date)