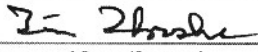



Revision of original

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 11-16-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R=Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Dollar Tree Store No 4109				
Address: 1201 Highway 278 E				
City: Amory	State: MS	Zip: 38821		
Site Location:		Tel: 8702193992		
Building Size:	# of Floors: 1	Age in Years: 40		
Present Use: Vacant	Prior Use: Dollar Tree			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Amory, LLC				
Address: 1201 Highway 278				
City: Amory	State: MS	Zip: 38821		
Contact: Tim Thrasher			Tel: 8702193992	
ASBESTOS REMOVAL CONTRACTOR: Jody Sifford				
Address: PO Box 1131				
City: Pocahontas	State: AR	Zip: 72455		
Contact: Jody Sifford			Tel: 8703783025	
Certification Number: ABS-00011591	Expiration Date: 03/18/2023			
OTHER OPERATOR:				
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: 04/18/2022		
Inspector: Jonathan Cervantes	Certification Number: ABI-00011156	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Tile and mastic was sampled, the mastic was found to have ACM.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 4200 sq ft				
Category I: 4200 sq ft	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/19/2022		Complete: 11/23/2022		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Negative air and wet method for removal with a spud bar or a machine.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Seal up the area and use a negative air machine, testing the air quality.		
XIII. WASTE TRANSPORTER #1		
Name: JJ Donner		
Address: 1901 Tramcar		
City: Pocahontas	State: AR	Zip: 72455
Contact Person: Jody Sifford	Tel: 8703783025	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Three Rivers Regional Landfill		
Address: 1904 MS-76		
City: Pontotoc	State: MS	Zip: 38863
Contact Person: Jeff Stanford	Tel: 6624892415	
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:		
If nonfriable asbestos becomes friable MDEQ will be contacted, the area will be enclosed and sealed off and negative air will be employed, a 3 stage decon will be set up and all proper PPE will be worn for safety reasons. We are already using wet methods to reduce possible issues. The asbestos is bagged in 6ml trash bags.		
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.		
Tim Thrasher		11-14-22
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Tim Thrasher		11-14-22
Type or Print Name	(Signature of Owner/Operator)	(Date)