

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MAP

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 checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 7.24.23 7.25.2023 (HDB)	AI Number (Email)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Demo				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Jackson Square Shopping Center				
Address: 2460 Terry Road				
City: Jackson		State: MS	Zip:	
Site Location: Same as above				Tel:
Building Size: 95,364		# of Floors: 1	Age in Years: 50 plus	
Present Use: Vacant		Prior Use: Shopping Center		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Richard Bradley				
Address: 6 East Park Cv.				
City: Jackson		State: MS	Zip: 39211	
Contact: Richard Bradley			Tel: 601)665 - 2061	
ASBESTOS REMOVAL CONTRACTOR: Bestway Abatement				
Address: 222 Vicksburg St./ P. O. Box 88				
City: Edwards		State: MS	Zip: 39066	
Contact: Aaron Lee			Tel: 601) 383 - 3237	
Certification Number: ABC-00002924			Expiration Date: 10/18/2023	
OTHER OPERATOR: PDT Logistics, LLC				
Address: 6 East Park Cv.				
City: Jackson		State: MS	Zip: 39211	
Contact: Richard Bradley			Tel: 601) 940 - 0350	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 7/11/2023	
Inspector: Aaron Lee		Certification Number: ABI - 00007853	Expiration Date: 10/17/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: DRYWALL, CEILING TILE, FLOOR TILE, PLASTER, ROOFING, INSULATION EPA 600/R-93/116 Polarized Light				
VII. QUANTITY OF RACM TO BE REMOVED: 95,364				
Pipes (LN FT):		Surface Area (SQ FT): 95.364	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: 8/7/2023			Complete: 8/22/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/7/2023			Complete: 10/1/2023	

RECEIVED

Jul 25 2023

DEPT. OF ENVIRONMENTAL QUALITY

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
Community Center w/Basketball Court

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:  
wet method, hand scrapers, negative air machine, 6ML BISQUINE

XIII. WASTE TRANSPORTER #1

Name: Bestway Abatement  
Address: 222 Vicksburg St./ P. O. Box 88  
City: Edwards State: MS Zip: 39066  
Contact Person: Aaron Lee Tel: 601) 383 - 3237

WASTE TRANSPORTER #2

Name:  
Address:  
City: State: Zip:  
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill  
Address: 1716 N County Line Rd.  
City: Ridgeland State: MS Zip: 39157  
Contact Person: Tel: 601) 982 - 9488

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:

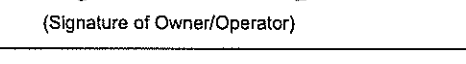
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP AND CALL 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.

Aaron Lee (Type or Print Name)  (Signature of Owner/Operator) 7/24/2023 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee (Type or Print Name)  (Signature of Owner/Operator) 7/24/2023 (Date)