

51

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 6/8/2024	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>FORMER Fred's Discount Store</u>				
Address: <u>6 East Commerce street</u>				
City: <u>HERNANDO</u>	State: <u>MS</u>	Zip: <u>38632</u>		
Site Location: <u>6 East Commerce Street, ^{FRONT OF BUILDING} HERNANDO, MS</u>		Tel: <u>901-301-5901</u>		
Building Size: <u>12,500 SF.</u>	# of Floors: <u>1</u>	Age in Years:		
Present Use: <u>VACANT</u>	Prior Use: <u>Fred's Discount store / Flooring store</u>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Roof Top Properties LLC / DOLLAR TREE STORES, INC</u>				
Address: <u>1051 Hickory Ridge Drive</u>				
City: <u>Hernando</u>	State: <u>MS</u>	Zip: <u>38632</u>		
Contact: <u>Jody Dunning</u>	Tel: <u>901-301-5901</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: <u>ABC-00061282</u>	Expiration Date: <u>12/15/24</u>			
OTHER OPERATOR: <u>ROOF TOP PROPERTIES, LLC.</u>				
Address: <u>1051 Hickory Ridge, Drive</u>				
City: <u>HERNANDO</u>	State: <u>MS</u>	Zip: <u>38632</u>		
Contact: <u>Jody Dunning</u>	Tel: <u>901-301-5901</u>			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 7/17/23	
Inspector: <u>JOSHUA HARRISON</u>	Certification Number: <u>ABI-0061728</u>	Expiration Date: <u>6/9/24</u>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>SAMPLES WERE TAKEN FROM THE CEILING TILE, WINDOWS, WALLS, BATHROOM AS WELL AS COMPLETE BUILDING FLOOR TILE/MASTIC. AND SHIPPED TO EMSL ANALYTICAL, INC OF CAYDLETON, TEXAS TO BE ANALYZED USING THE PLM. METHOD.</u>				
<u>THE FLOOR TILE/MASTIC CONTAINS 8% CHRYSOTILE</u>				
VII. QUANTITY OF RACM TO BE REMOVED:				
<u>APPROXIMATELY 10,900 SF. FLOOR TILE/MASTIC</u>				
Pipes (LN FT): <u>0</u>	Surface Area (SQ FT): <u>10,900 SF.</u>	Volume of Facility Components (CU FT): <u>0</u>		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <u>✓ Good Condition</u>	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>6/21/24</u>			Complete: <u>6/25/24</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>6/26/24</u>			Complete: <u>9/26/24</u>	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet Method, Neg-Air, D-con unit, HEPA-VAC, Independent Air Monitor, Signs, Containment.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: PLACE SIGNS AROUND WORK AREA, PLACE BARRIERS WHERE NEEDED. PLACE 6 mil poly over ALL windows, DOORS, VENTS. SET UP D-con unit AT ENTRANCE, PLACE Neg-Air units where need. WET REMOVE, DOUBLE BAG, PLACE INTO LINED DUMPSTER.

XIII. WASTE TRANSPORTER #1

Name: RES, INC. RESOURCEFUL ENVIRONMENTAL SERVICES, INC.
Address: 1041 Country Road 549

City: Ripley State: MS Zip: 38663
Contact Person: SHER MASK Tel: 888-839-2830

WASTE TRANSPORTER #2 N/A

Name:

Address:

City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: TUNICA LANDFILL WASTE MGT., OF TUNICA
Address: 6035 BOWDRE ROAD

City: ROBINSONVILLE State: MS Zip: 38664
Contact Person: CARL SIMMONS Tel: 662-363-2282

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:

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: REMAIN UNDER CONTAINMENT, WET, STOP WORK, CONTACT OWNER/M.DEQ. 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 Bell
(Signature of Owner/Operator)

6/8/24
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Jimmy Bell
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

6/8/24
(Date)