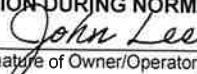
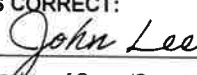


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 <b>6/11/2024</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>N/A</b>				
Address: <b>116 N. Main St.</b>				
City: <b>Magee</b>	State: <b>MS</b>	Zip: <b>39111</b>	County: <b>Simpson</b>	
Site Location: <b>Down Town Magee</b>			Tel: <b>601-507-7973</b>	
Building Size: <b>2,500 sq ft</b>	# of Floors: <b>1</b>	Age in Years: <b>60+</b>		
Present Use: <b>None- the building is dilapidated and roofless</b>		Prior Use: <b>Store front</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Tim Huynh</b>				
Address: <b>116 N Main St.</b>				
City: <b>Magee</b>	State: <b>MS</b>	Zip: <b>39111</b>		
Contact: <b>Owner Tim Huynh</b>			Tel: <b>601-507-7973</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>John Lee</b>				
Address: <b>1728 Mount Zion Rd.</b>				
City: <b>Magee</b>	State: <b>MS</b>	Zip: <b>39111</b>		
Contact: <b>John Lee</b>			Tel: <b>601-519-8281</b>	
Certification Number: <b>ABC-00003364</b>		Expiration Date: <b>05/07/25</b>		
OTHER OPERATOR: <b>Bruce Lewis</b>				
Address: <b>117 Lincoln Dr. SE</b>				
City: <b>Magee</b>	State: <b>MS</b>	Zip: <b>39111</b>		
Contact: <b>Owner</b>			Tel: <b>601-849-4040</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>		Inspection Date: <b>05/25/24</b>		
Inspector: <b>Chris Pearson</b>	Certification Number: <b>ABI-00002023</b>	Expiration Date: <b>12/11/24</b>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor Tile and remaining pieces of roof were sampled as most of the structure is nonexistent. All samples were inspected using PLM. Test results showed that only the Floor tile and mastic beneath were determined ACM. The remnants of the roof did not test positive for asbestos.				
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: <b>2,500 sq ft</b>				
Category I: <b>2,500 Sq ft</b>		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>06/21/24</b>			Complete: <b>06/24/24</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>06/23/24</b>			Complete: <b>06/26/24</b>	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Once Asbestos is removed demo team will then conduct a detailed structural analysis to determine the sequence of demolition, load-bearing elements, and any areas requiring special attention or reinforcement. Utilize heavy machinery equipped with specialized attachments, crushers, and grapples, to dismantle and remove structural components. Implement comprehensive safety measures, including site fencing, signage, and designated exclusion zones to protect workers, bystanders, and adjacent properties.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
To minimize fiber release, asbestos tiles are wetted before removal to suppress dust. This reduces the risk of airborne contamination. Mechanical Removal: Specialized equipment such as floor scrapers or grinders is used to lift or grind the tiles while minimizing breakage. Hand Removal to dispose of ACM. Conduct thorough clearance testing to verify that the area is safe and free from asbestos contamination.		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: <b>John Lee</b>		
Address: <b>5600 Keele St. Apt# 408</b>		
City: <b>Magee</b>	State: <b>MS</b>	Zip: <b>39206</b>
Contact Person: <b>John Lee</b>	Tel: <b>601-808-9266</b>	
<b>WASTE TRANSPORTER #2</b>		
Name: <b>Edison Lee</b>		
Address: <b>1729 Mount zion rd.</b>		
City: <b>Magee</b>	State: <b>MS</b>	Zip: <b>39111</b>
Contact Person: <b>Edison Lee</b>	Tel: <b>601-808-9248</b>	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: <b>Clear View</b>		
Address: <b>2253 Mudline Rd</b>		
City: <b>Lake</b>	State: <b>MS</b>	Zip: <b>39202</b>
Contact Person: <b>Office</b>	Tel: <b>(866) 909-4458</b>	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b>		
Stop all activities in the affected area immediately upon discovering unexpected asbestos or damaged non-friable asbestos material. Secure the Area: Restrict access to the area and establish containment measures to prevent further disturbance or spread of asbestos fibers. Repair or Encapsulate: If feasible, repair or encapsulate the damaged asbestos material to prevent fiber release. This may involve using approved sealants or encapsulation products. Notify relevant regulatory authorities and agencies about the unexpected asbestos discovery or damage, as required by local regulations.		
<b>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.</b>		
John Lee		06/10/24
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
John Lee		06/10/24
Type or Print Name	(Signature of Owner/Operator)	(Date)