

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 6/17/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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: ASHLEY FURNITURE FACTORY #4				
Address: 5380 MS-145				
City: TUPELO		State: MS	Zip: 38801	
Site Location: INTERIOR OFFICES			Tel: 715-797-4074	
Building Size: 400,000 SF		# of Floors: 1	Age in Years: 60+/-	
Present Use: OFFICE/ FACTORY		Prior Use: OFFICE/ FACTORY		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: ASHLEY FURNITURE INDUSTRIES, LLC.				
Address: P O BOX 250				
City: ARCADIA		State: WI	Zip: 54612	
Contact: ALEX LINDBERG			Tel: 715-797-4074	
ASBESTOS REMOVAL CONTRACTOR: GULF SERVICES CONTRACTING INC.				
Address: 5000 RANGELINE ROAD				
City: MOBILE		State: AL	Zip: 36619	
Contact: DAVID S BRANDON			Tel: 251-404-9263	
Certification Number: ABC-00001674			Expiration Date: 03/01/2025	
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: 04/30/2024	
Inspector: EDWARD CLAY		Certification Number: ABI-00006706	Expiration Date: 06/11/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM METHOD, MULTIPLE SAMPLES OF FLOOR TILE, GYPSUM WALLBOARD, BATT INSULATION, 2X4 CELING TILE TAKEN THROUGHOUT IMPACTED AREAS.				
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:				
Category I: 5000 SF VCT & MASTIC			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/01/2024			Complete: 07/19/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/01/2024			Complete: 11/30/2024	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

ABATEMENT AND DEMOLITION

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

NEGATIVE PRESSURE, WET METHODS, FULL CONTAINMENT

XIII. WASTE TRANSPORTER #1

Name: Resourceful Environmental Services, Inc. (RES)

Address: P O BOX 598

City: RIPLEY

State: MS

Zip: 38663

Contact Person: SHEA MASK

Tel: 662-837-0985

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: THREE RIVERS LANDFILL

Address: 1904 MS-76

City: PONTOTOC

State: MS

Zip: 38863

Contact Person: ALICIA CHISOLM

Tel: 662-488-0444

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 WORK, NOTIFY OWNERS 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.

JONATHAN VALLE

Type or Print Name

(Signature of Owner/Operator)

06/17/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JONATHAN VALLE

Type or Print Name

(Signature of Owner/Operator)

06/17/2024

(Date)