

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) O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: General Recycling of MS, LLC				
Address 2050 Flowood Drive				
City: Flowood		State: MS	Zip: 39232	County: Rankin
Site Location: General Recycling Area			Tel: 601-939-1623	
Building Size 45' x 20'		# of Floors: 1	Age in Years: N/A	
Present Use: General Recycling		Prior Use: N/A		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: General Recycling of MS, LLC				
Address: 2050 Flowood Drive				
City: Flowood		State: MS	Zip: 39232	
Contact: Brandon Wynn			Tel: 601-939-1623	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 5 River Bend Place, Suite D-2				
City: Flowood		State: MS	Zip: 39232	
Contact: Justin Dixon / Andrew Ables			Tel: 601-559-2185	
Certification Number: ABC-00009502			Expiration Date: 7/12/2024	
OTHER OPERATOR: General Recycling of MS, LLC (Demolition Contractor)				
Address: 2050 Flowood Drive				
City: Flowood		State: MS	Zip: 39232	
Contact: Brandon Wynn			Tel: 601-939-1623	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: May 31, 2024	
Inspector: Reginald Sampson		Certification Number: ABI-00001921	Expiration Date: July 27, 2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM Bulk Samples				
Tan linoleum floor covering				
VII. QUANTITY OF RACM TO BE REMOVED: 100 SF of linoleum flooring				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I: N/A			Category II: N/A	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/1/2024			Complete: 7/5/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/1/2024			Complete: 9/15/2024	

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

Materials listed to be removed by hand so facility can be demolished.

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

Materials will be wetted, during and after abatement, properly packaged, labeled and transported to a Class 1 landfill for disposal.

XIII. WASTE TRANSPORTER #1

Name: Snyder Environmental & Construction, LLC (Asbestos Material)

Address: 5 River Bend Place, Suite D-2

City: Flowood State: MS Zip: 39232

Contact Person: Andrew Ables Tel: 601-559-2185

WASTE TRANSPORTER #2 Waste Management of Jackson (Demolition Debris)

Name: WM of Jackson

Address: 1450 Country Club Drive

City: Jackson State: MS Zip: 39209

Contact Person: Terry Smith Tel: 601-862-4274

XIV. WASTE DISPOSAL SITE

Name: Alternative Waste Management (Asbestos Material)

Address: 43 White City Road

City: Mayflower State: AR Zip: 72106

Contact Person: N/A Tel: 501-851-1171

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A Date Ordered to Begin (MM/DD/YY): N/A

XVI. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

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

Wet the unexpected, make safe area and notify 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.

Andrew Ables
Type or Print Name

Andrew Ables
(Signature of Owner/Operator)

6/17/2024
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Andrew Ables
Type or Print Name

Andrew Ables
(Signature of Owner/Operator)

6/17/2024
(Date)