## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: ⊠Email □Mail □Hand Delivery	Postmark (mai	il only)	Date Re	ceived '-09-2024	Al Number	
I. Type of Notification (O=Original R=Revised	I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):					
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: Down Town Old Vacant Store						
Address: 502 Main St 502 S Main St						
City: Mount Olive		State: MS		Zip: 39119		
Site Location: entire store space except for two		smaller rooms		<sub>Tel:</sub> 601.382.0837		
Building Size: 2100 sq ft		# of Floors: 1		Age in Years: 60 +		
Present Use: Vacant Prior Use: S		Prior Use: Store	<del>)</del>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)						
OWNER NAME: Mellissa Ducksworth						
Address: 407 Sheppard St.						
City: Mount Olive		State: MS		<sub>Zip:</sub> 39119		
Contact: Owner				<sub>Tel:</sub> 601.382.0837		
ASBESTOS REMOVAL CONTRACTOR: John Lee						
Address: 1728 Mount Zion Rd.						
<sub>City:</sub> Magee		State: MS		Zip: 39111		
Contact: Contractor			Tel: 601.519.8281			
Certification Number: ABC-00003364	Expiration Date: 05/07/		on Date: 05/07/20	)25		
OTHER OPERATOR: NA						
Address:						
City:		State:		Zip:		
Contact:				Tel:		
v. was site inspected to determine presence of asbestos? (Yes/No): No- Assumed						
WAS ASBESTOS PRESENT? (Yes/No): Inspecti						
Inspector: Certification Number: Expiration Date:						
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor tile and floor tile adhesive is assumed to be ACM due to buildings age.						
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: 2100 sq ft Category II:						
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/23/2024 Complete: 07/29/2024						
x. scheduled dates demo/renovation (MM/DD/YY) Start: 08/04/2024 Complete: 08/28/2024						

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

Use wet methods such as misting with water to suppress dust before any disturbance of ACMs. Minimize breakage of ACMs during removal to prevent the release of asbestos fibers into the air. Carefully lift and remove asbestos-containing floor tiles intact, if possible, to minimize the release of fibers.

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

Establish clearly marked exclusion zones around the renovation area to limit access to authorized personnel only. Use physical barriers such as plastic sheeting and warning signs to prevent unauthorized entry. Utilize wet methods to suppress dust during all phases of work involving ACMs. Mist ACMs with water before disturbance to minimize the release of asbestos fibers into the air.

with water before disturbance to minimize the release of asbesto	os fibers into the air.					
XIII. WASTE TRANSPORTER #1						
<sub>Name:</sub> John Lee III						
Address: 1728 Mount Zion Rd						
<sub>City:</sub> Magee	State: MS	<sub>Zip:</sub> 39111				
Contact Person: Supervisor		Tel: 601.808.9266				
WASTE TRANSPORTER #2						
<sub>Name:</sub> Xavier Keller						
Address: 101 Eula Mae Dr.						
<sub>City:</sub> Magee	State: MS	<sub>Zip:</sub> 39111				
Contact Person: Supervisor		Tel: 601.398.5296				
XIV. WASTE DISPOSAL SITE						
Name: WM Clear View Landfill						
Address: 2253 Mudline Rd						
<sub>City:</sub> Lake	State: MS	<sub>Zip:</sub> 39092				
Contact Person: Representative		Tel: 866.909.4458				
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CY, 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:						
Stop all work in the affected area as soon as unexpected asbestos is discovered or nonfriable asbestos becomes crumbled, pulverized, or reduced to powder. Establish an exclusion zone around the affected area using physical barriers (e.g., plastic sheeting) and warning signs to prevent						
access.Document the incident thoroughly, including photograph	s, written records of actions tak	ken, and notifications made. 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.						
John Lee	John Lee	07/09/2024				
Type or Print Name	(Signature of Owner/Operator)	(Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:						
John Lee	John Lee	07/09/2024				
Type or Print Name	(Signature of Owner/Operator)	(Date)				