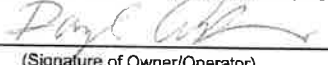



# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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: 12/19/23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R O				
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: Former Bingo Baby Hall				
Address: 409 South Street				
City: Cleveland	State: MS	Zip: 38732		
Site Location:			Tel: (662) 843-9845	
Building Size: Approx. 14,000sf	# of Floors: 1	Age in Years: 50+		
Present Use: None	Prior Use: Department Store			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Same as above				
Address: 417 South Street				
City: Cleveland	State: MS	Zip: 38732		
Contact: Brent Federick			Tel: (662) 843-9845	
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL				
Address: 783 HARRIS STREET				
City: JACKSON	State: MS	Zip: 39202		
Contact: DARYL ANDERSON			Tel: 601-354-4400	
Certification Number: ABC-00002173	Expiration Date: 10-27-24			
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: 11-03-2023		
Inspector: Paul Anderson	Certification Number: ABI-0001686	Expiration Date: 6-09-24		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floors, ceilings, pipes, walls				
Procedure PLM-Polarized Light Microscopy				
VII. QUANTITY OF RACM TO BE REMOVED: 10,000sf of floor tile and mastic				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-02-24		Complete: 2-15--24		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-01-24		Complete: 3-30-24		

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Renovation and replace old store floors		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Area contained, placed under negative air, material kept wet and placed in acm bags for disposal		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Waste Hauling and Disposal Company		
Address: P.O. Box 870		
City: Leland	State: MS	Zip: 38756
Contact Person: Tommy Hendricks		Tel: 662-347-0052
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Big River Landfill		
Address: 48 Landfill Road		
City: Leland	State: MS	Zip: 38756
Contact Person: Landfill Manager		Tel: (662)3327927
<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> Halt all work and notify the proper authority		
<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>		
DARYL ANDERSON		12-18-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
DARYL ANDERSON		12-18-23
Type or Print Name	(Signature of Owner/Operator)	(Date)