MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM Mail notification to: MDEO Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 30201

MDEQ Use Only: Postmark (ma				
		ecelvari Al Number 02-05-2024		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R = Revised				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D= BEMO				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bidg. Name: Delta Cream Dowut Shop				
Address: 107 NOYTH DAVI'S STREET				
City: CLEVELAND	State: Yn5	Zip: 38732		
Site Location: 107 NOTH DAV'S STREET	the state of the s	Tel: 662 -803-9600		
Building Size: 900 S#	# of Floors: 2	Age in Years: 60+		
Present Use: VACAN+	Prior Use: DONUT	Shop		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: G-BAY ENTERPRIZE				
Address: 109 North Davis Street				
city: CLEVELAND	State: M5	Zip: 3 8732		
Contact: GATY BATNET		Tel: 662-803-9600		
	YOU MENTAL SERVICE	es, lle.		
Address: P.O. BOX 133				
City: DELTA City	State: MS	Zip: 39041		
Contact: Jimmy Bell		Tel: 662.820-2124		
Certification Number: ABC-00001282 Expiration Date: 12/15/24				
OTHER OPERATOR: JOE REED COMPANY, INC.				
Address: 1016 South Daui's street				
City: CLEVELAND	State: ms	Zip: 3873~		
Contact: JUE REED JR.		Tel: 662 721-8200		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): Y 5 Inspection Date: 1/29/24				
Inspector: PAUL AND Certification VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES U	Number: ABI-000010	66 Expiration Date: 6/9/24 ENCE OF ASBESTOS MATERIAL:		
SAMPLES WEVE TAKEN From; Roof MAterial, Attic Tusulation, Tay paper, CEiling window CAULKing, Dour Caulking, Exterior And interior walls, Flow Tile/mastic using the FLM method by the Eurofins/Carolina Environmental Tac. Cary, North Carolina 27511 (Flow Tile were found at Bottom of Stair Base) Nontrials VII. QUANTITY OF RACINTO BE REMOVED:				
VII. QUANTITY OF RACINTO BE REMOVED: 9 SF, OF 9 X9 FLOOR TILE AT BOTTOM OF STAITWAY				
Pipes (LN FT): Ø Surface Area (SC		/olume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASSESTOS NOT REMOVED:				
Category I: Category II:				
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/14/24 Complete: 7/16/24				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) St	art: 2/17/24	Complete: 2/27/24		



XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOV WET METHOD, COUTRIN MENT, REMOVE	ATION WORK, AND N	METHOD , wfo	S) TO BE USED: Double bags, wrap in 6 mil poly		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OR RENOVATION SITE: SEAL OFF WOOD OF WAYS. WET AND REMOVE INTACT, CM. L poly. Transport to approved asbu	AVE AUCA		Various various de la		
XIII. WASTE TRANSPORTER#1	<u> </u>				
Name: Bell Environmental Service	es LLC.		The second secon		
Address: RO, BOX 133	7		the percentage of a contract of the contract o		
City: DEL+10 City	State: M5		Zip: 39061		
Contact Person: Jimmy BELL			Tel: 662 820 2124		
WASTE TRANSPORTER #2 N/A					
Name:	2				
Address:					
City:	State:		Zip:		
Contact Person:			Tel:		
XIV. WASTE DISPOSAL SITE					
Name: LEFLOYE COUNTY EANDFILL					
Address: 15200 Hwy 49 South					
City: SidoN	State: MS		Zip: 38954		
Contact Person: MADEL Brown			Tel: 462-455 - 7762		
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	ICY, PLEASE IDENTIF	Y THE A	GENCY BELOW: N/A		
		Title:			
Authority:					
Date of Order (MM/DD/YY):	Date Or	rdered to	Begin (MM/DD/YY):		
XVI. FOR EMERGENCY RENOVATIONS:					
Date and Hour of Emergency (MM/DD/YY):					
Description of the sudden unexpected event:					
		a ^{lee}			
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 WOLK, REMAIN					
under Containment, Contact owner And MDEQ. Of Change. Follow MDEQ Directions.					
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.					
Type or Print Name	Jan B	ral	2/5/20.24		
Type or Print Name	(Signature of Owner/Ope	erator)	(Date)		
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRI	ECT:	PAG.	2/5/2024		
Type or Print Name (Signature of Owner/Open		erator)	(Date)		