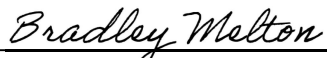



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) EM 09-11-2024	Date Received 09-17-2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): ORIGINAL				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): RENOVATION				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: CORNER MARKET				
Address: 122 PORT GIBSON STREET				
City: RAYMOND		State: MS	Zip: 39154	
Site Location: RIGHT IN THE MIDDLE OF THE STORE			Tel: 601-857-8018	
Building Size: 5000 SQ FT +		# of Floors: 1	Age in Years: 20 +	
Present Use: MARKET		Prior Use: MARKET		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: ALPHONSO MAGANA - MAGANA PROPERTIES				
Address: 122 PORT GIBSON STREET				
City: RAYMOND		State: MS	Zip: 39154	
Contact: ALPHONSO MAGANA			Tel: 601-857-8018	
ASBESTOS REMOVAL CONTRACTOR: SEG INC				
Address: 190 AZTEC DRIVE				
City: ARLINGTON		State: TN	Zip: 38022	
Contact: BRADLEY MELTON			Tel: 731-610-9239	
Certification Number: ABC--00012606			Expiration Date: 07/08/2025	
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: 10.20.2023	
Inspector: CORDELL COPPER		Certification Number: ABI-00010474	Expiration Date: 02.14.2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
FLOOR TILE AND MASTIC PLM BULK ANALYSIS				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 1000 SQ FT	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 4000 SQ FT			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09.23.2024 Complete: 09.27.2024				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: REMOVAL OF FLOOR TILE & MASTIC		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: WET METHOD UNDER CONTAINMENT		
XIII. WASTE TRANSPORTER #1		
Name: L&T		
Address: 2170 HWY 51 SUITE #1		
City: HERNANDO	State: MS	Zip: 38632
Contact Person: CARLTON GIBSON		Tel: 901-331-7187
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: WASTE MANAGEMENT - TUNICA		
Address: 6035 BOWDRE ROAD		
City: TUNICA RESORTS	State: MS	Zip: 38664
Contact Person: STACY COTHRAN		Tel: 615-202-3585
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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: STOP WORK 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.		
BRADLEY MELTON		09.09.2024
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
BRADLEY MELTON		09.09.2024
Type or Print Name	(Signature of Owner/Operator)	(Date)