
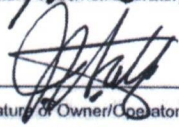


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 05/07/2025	AI Number 88277
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): REVISED				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): DEMO				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): ODY THORTON BUILDING				
Bldg. Name: ODY THORNTON BUILDING				
Address: 261 SYLVARENA AVE				
City: RALEIGH		State: MS	Zip: 39153	
Site Location: SEC 3 TOWNSHIP 2 NORTH RANGE 8 EAST RALEIGH MS		Tel: 601-498-5969		
Building Size: 20 X 150		# of Floors: 1	Age in Years: 40 PLUS	
Present Use: VACANT		Prior Use: MULTI RETAIL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: SMITH CUNTY ECONOMIC DEVELOPMENT DISTRICT				
Address: PO BOX 275				
City: RALEIGH		State: MS	Zip: 39153	
Contact: JOE TALLY		Tel: 601-498-5969		
ASBESTOS REMOVAL CONTRACTOR: ENVIRONMENTAL SERVICES LLC				
Address: 253 DELK RD				
City: HATTIESBURG		State: MS	Zip: 39401	
Contact: JOE VENUS Joe Tally		Tel: 601-408-1005		
Certification Number: ABC00001330		Expiration Date: JAN. 6, 2026		
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: FEB. 27, 2025		
Inspector: JERRY HOUSTON		Certification Number: SBI00001381	Expiration Date: FEB. 7, 2026	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: TESTING LAB REPORT ATTACHED				
VII. QUANTITY OF RACM TO BE REMOVED: APPROXIMATELY 10 CUBIC YDS.				
Pipes (LN FT): N/A	Surface Area (SQ FT): N/A		Volume of Facility Components (CU FT): 10 CU FT.	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: /NA				
Category I: N/A		Category II: /NA		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/10/25 5/13/2025 Complete: 4/17/25 5/27/2025				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/10/25 5/13/2025 Complete: 4/17/25 5/27/2025				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: TEAR DOWN EXISTING BUILDING TO GROUND		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: MATERIAL TO BE KEPT ADEQUATELY WET		
XIII. WASTE TRANSPORTER #1 ECO-SOUTH SERVICES		
Name: ERIC BULLOCK		
Address: 108 NEHI ROAD		
City: ELLISVILLE	State: MS	Zip: 39437
Contact Person: ERIC BULLOCK	Tel: 251-259-2301	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE PINE BELT REGIONAL SOLID WASTE MANAGEMENT AUTHORITY		
Name:		
Address: 5274 MS 29		
City: OVETTE	State: MS	Zip: 39464
Contact Person:	Tel: 601-545-2121	
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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: STOP WORK OR CONTACT 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.		
JOE VENUS Joe Tally		MARCH 31, 2025
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
JOE TALLY		MARCH 31, 2025
Type or Print Name	(Signature of Owner/Operator)	(Date)