MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Former Village Fair Mall

Bldg. Name: Village Fair Mall

Address 610 22nd Avenue

City: Meridian	State: MS	Zip: 39301
Site Location: Section 19, Township 6 North		Tel:
Building Size Approx. 400,000 SF	# of Floors: 1	Age in Years: Unknown
Present Use: Vacant	Prior Use: Mall	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Lauderdale County Board of Supervisors

Address: 410 Constitution Avenue, 11th Floor

City: Meridian	State: MS	Zip: 39301
Contact: Chris Lafferty		Tel: 601-917-2411

REMOVAL CONTRACTOR Snyder Environmental & Construction, LLC

Address: 7705 Northshore Place

City: North Little Rock	State: AR	Zip: 72118
Contact: Justin Dixon		Tel: 501-801-2776

OTHER OPERATOR: DT Specialized Services

Address: 12037 E. Pine Street

City: Tulsa	State: OK	Zip: 74116
Contact: Jeff Overbeck- (918) 704-1720		

V. IS ASBESTOS PRESENT? (Yes/No) Yes

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

PLM Bulk Samples, Bill Wilkerson, 6-3-6/8/2005, 2017 AMEC Roof 5-16-2017

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area Fire Prf, F/Tile, Transite	196,000	93,000	2,300	SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/29/2020 Complete: 7/10/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/29/2020 Complete: 7/10/2020

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

Materials listed above to be removed by hand so the facility can be demo-See Attached

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

Materials will be wetted before/during/after abatement,properly packaged, labeled & transported to a certified class 1 landfill

XII. WASTE TRANSPORTER #1 JWC Environmental

Name: JWC Environmental

Address: 1400 Willow Lake Road

City: Toomsuba	State: MS	Zip: 39355
Contact Person: Billy Jay		Tel: 604-409-0371

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE Choctaw County Regional Landfill

Name: Choctaw County Regional Landfill

Address: 239 Firetower Road

City: Toxey	State: AL	Zip: 36921

Tel: 205-368-7154 Scott Davidson

XIV. 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):

XV. 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:

XVI. 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:

Wet the unexpected, make safe the area and notify MDEQ.

XVII. 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.

Barbara McElroy — Barbara McElroy — 6/26/2020

Type or Print Name — (Signature of Owner/Operator) — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy — Barbara McElroy — 6/26/2020

Type or Print Name — (Signature of Owner/Operator) — (Date)