

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) O | | | |
| 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) | | | |
| Bldg. Name: Old Frito-Lay Building | | | |
| Address 1325 Boling St. Suite D | | | |
| City: Jackson | State: MS | Zip: 39216 | |
| Site Location: | | Tel: | |
| Building Size 68,000 sf | # of Floors: 2 | Age in Years: 60+ | |
| Present Use: Vacant | Prior Use: Frito-Lay building | | |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | |
| OWNER NAME: Carpenter Properties, Inc. | | | |
| Address: 1437 Old Square Rd., Suite 104 | | | |
| City: Jackson | State: MS | Zip: 39211 | |
| Contact: Phillip Carpenter | | Tel: 601-957-1001 | |
| REMOVAL CONTRACTOR Virginia Wrecking Co., Inc. | | | |
| Address: P.O. Box 2730 | | | |
| City: Daphne | State: AL | Zip: 36526 | |
| Contact: Kyle M. Maddox | | Tel: 251-626-3904 | |
| OTHER OPERATOR: Virginia Wrecking Co., Inc. | | | |
| Address: P.O. Box 2730 | | | |
| City: Daphne | State: AL | Zip: 36526 | |
| Contact: Kyle M. Maddox | | | |
| 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): | | | |
| Bulk PLM by AEC, Kristian King, ABI-00003739 on 11/10/20 | | | |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: | | Nonfriable Asbestos Material Not To Be Removed | |
| <ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed | | Indicate Unit of Measurement Below | |
| | | RACM To Be Removed | UNIT |
| | | Category I | Category II |
| Pipes | | | Ln Ft: Ln M: |
| Surface Area Floor tile | | 15,000 sf | Sq Ft: Sq M: |
| Vol RACM Off Facility Component | | | Cu Ft: Cu M: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/1/21 | | Complete: 5/1/21 | |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/1/21 | | Complete: 5/1/21 | |

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

Mechanical Demolition of Old Warehouse

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

Strip and Removal

XII. WASTE TRANSPORTER #1

Name: Virginia Wrecking Co., Inc.

Address: P.O. Box 2730

City: Daphne

State: AL

Zip: 36526

Contact Person: Kyle M. Maddox

Tel: 251-626-3907

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Faircloth Landfill

Address: 1312 Springridge Rd

City: Clinton

State: MS

Zip: 39056

Tel: 601-922-5632

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop work, notify facility owner, general contractor and 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.

Sarah Maddox
Type or Print Name

[Signature]
(Signature of Owner/Operator)

1/18/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)