

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 9-6-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O = Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R = RENOVATIONS				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: FORMER JCPENNEY Building				
Address: 1651 Hwy 1 South				
City: GREENVILLE	State: MS	Zip: 38701		
Site Location: 1651 Hwy 1 South, GREENVILLE, MS 38701		Tel: 662-843-4740		
Building Size: 50,000 S.F.	# of Floors: 2	Age in Years: 40 + -		
Present Use: VACANT	Prior Use: Clothing store			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: SECURITY NATIONAL properties				
Address: 323 5th street				
City: EUREKA	State: CALIFORNIA	Zip: 95501		
Contact: TIM COLLISON	Tel: 707-476-2706			
ASBESTOS REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC.				
Address: P.O. BOX 133				
City: Delta City	State: MS	Zip: 39061		
Contact: Jimmy Bell	Tel: 662-820-2124			
Certification Number: ABC-00001242	Expiration Date: 1/5/24			
OTHER OPERATOR: Timbo's Construction, Inc.				
Address: 3853 Hwy 61 North				
City: CLEVELAND	State: MS	Zip: 38732-8761		
Contact: ETHAN SANDIFER	Tel: 662-843-4740			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 3/19/2023		
Inspector: Brad McKnight	Certification Number: ABZ-00001685	Expiration Date: 6/10/2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SAMPLES WERE TAKEN FROM: CEILING TILE, WALLS, ROOF, INSULATION, H/A VENT PIPING, FLOOR TILE/MASTIC.				
FLOOR TILE/MASTIC CONTAINS ASBESTOS				
VII. QUANTITY OF RACM TO BE REMOVED: Asbestos 49,000 S.F. FLOOR TILE/MASTIC TO BE REMOVED ONLY				
Pipes (LN FT): 0	Surface Area (SQ FT): 49,000 S.F.	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0				
Category I:	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/20/23		Complete: 10/6/23 - +		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/7/23		Complete: 12/7/23 - +		

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

Wet Method, Containment, Neg-Air Units, D-CON Unit, Independent Air Monitoring - Air Clearance.

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

PLACE signs, 6 mil poly over doors + windows, place Neg-Air in proper places, place D-CON unit at entrance, wet, remove, double bag, drop tags. Tape close, remove bags thru back loading entrance, place into lined dumpsters, — await air clearance.

XIII. WASTE TRANSPORTER #1

Name: W H + D

Address: P.O. BOX 870

City: LELAND

State: MS

Zip: 38756

Contact Person: Tommy Hendrix

Tel: 662-686-7184

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Big River Landfill (B+L) Republic Services

Address: 48 Landfill Rd.

City: LELAND

State: MS

Zip: 38756

Contact Person: Aleisha Johnson (Special Waste Dept.)

Tel: 601-420-8248

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

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

XVI. 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:

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:

REMAIN UNDER CONTAINMENT, wet material, cover with 6 mil poly, stop work, 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.

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

9/6/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Robert Page

Type or Print Name

Robert Page

(Signature of Owner/Operator)

9/6/23

(Date)