



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

TO: MDEQ AIR DIVISION
To: Andrew Ables
DATE: 28 September 2017

Received by: Matt Pyles	
THE ABOVE TEST REPORT RELATES TO THE ITEMS TESTED. THIS REPORT MAY NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT WRITTEN APPROVAL BE MSDEQ. THE ABOVE TEST MUST NOT BE USED BY CLIENT CLAIM PRODUCT ENDORSEMENT BY NVLAP NOR ANY AGENCY OF THE U.S. GOVERNMENT.	
Analyst. <u>Brett Heitzmann</u>	Approved Signatory _____
Report # <u>asb0441</u>	



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

TO: MDEQ AIR DIVISION
To: Tommy Moody
DATE: 28 September 2017

[illegible]

THE ABOVE TEST REPORT RELATES TO THE ITEMS TESTED. THIS REPORT MAY NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT WRITTEN APPROVAL BY MSDEQ. THE ABOVE TEST MUST NOT BE USED BY CLIENT CLAIM PRODUCT ENDORSEMENT BY NVLAP NOR ANY AGENCY OF THE U.S. GOVERNMENT.

Approved Signatory_____

Report # asb0442



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

TO: MDEQ AIR DIVISION
To: Tommy Moody
DATE: 28 September 2017

[illegible]

Received by: Matt Pyles

THE ABOVE TEST REPORT RELATES TO THE ITEMS TESTED. THIS REPORT MAY NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT WRITTEN APPROVAL BE MSDEQ. THE ABOVE TEST MUST NOT BE USED BY CLIENT CLAIM PRODUCT ENDORSEMENT BY NVLAP NOR ANY AGENCY OF THE U.S. GOVERNMENT.

Analyst. Brett Heitzmann

Approved Signatory_____

Report # asb0443

Date Received

09/25/2017

ASBESTOS COMPLAINT FORM

COMPLAINANT INFORMATION

Complainant (last, first)

Anonymous phone message

Complainant Address

Fondren Area

Complainant City

Jackson

Complainant Zip Code

N/A

Complainant County

Hinds

Complainant Phone

N/A

COMPLAINT INFORMATION

Complaint Site (Individual, business, etc.)

Fondren Houses

Complaint Site Address (If Available)

North State Street and Fondren Place

Complaint City (nearest City)

Jackson

Phone No.

N/A

Complaint Site County

Hinds

COMPLAINT DETAILS

Complaint Site Directions:

North State Street and Fondren Place

Text of Complaint:

Complainant described demolitions in progress of houses known to have asbestos siding and asbestos ceilings.

COMPLAINT ACTIONS

Taken by:

T. Moody

Referred to:

T. Moody

Referral Date:

09/25/2017

Resolution Date:

09/25/2017



09/25/2019
#519





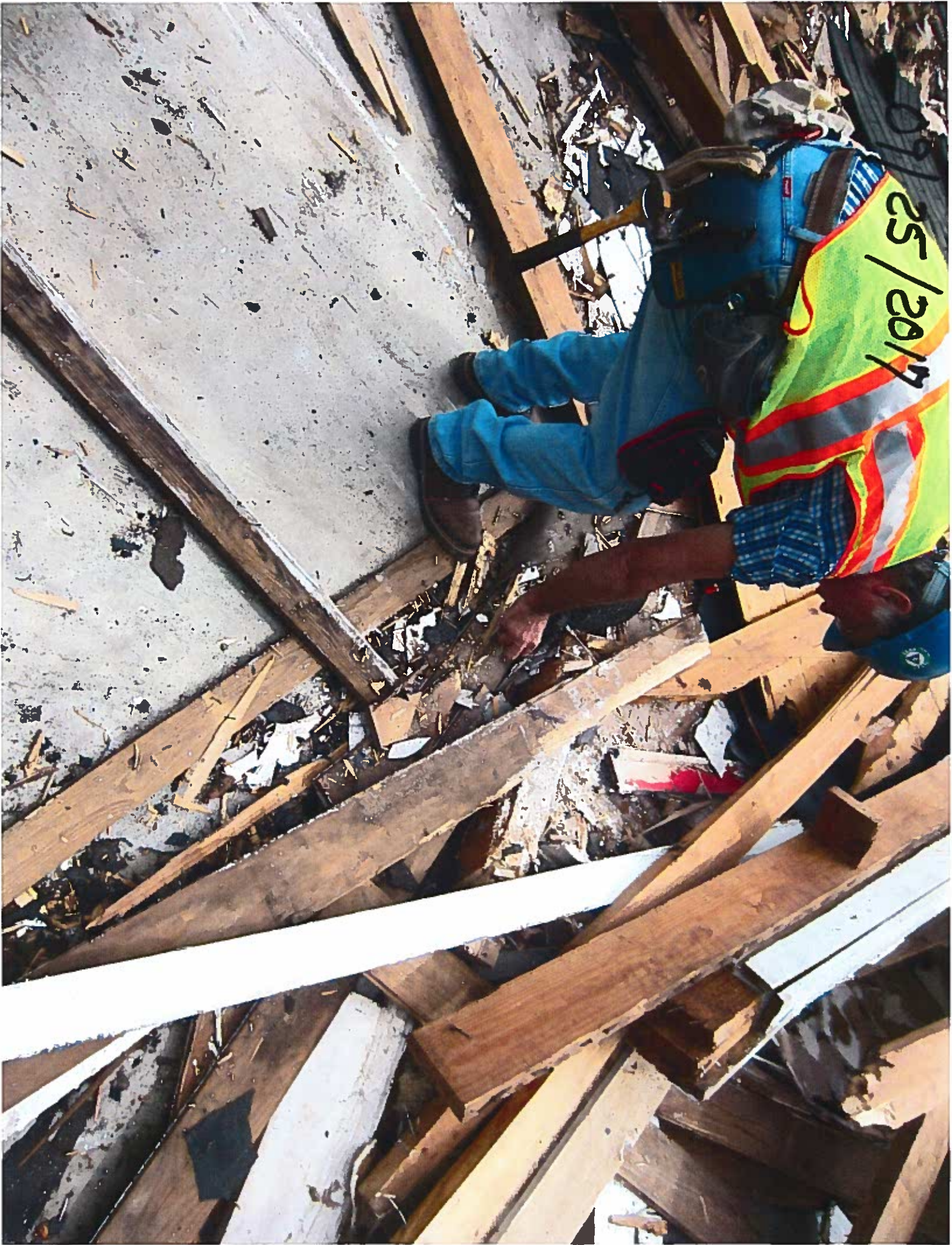
012/10/14

01/25/2017



8/25/2017





09/25/2017





09/25/2017



09/25/2017





09/25/2017

#11
09/25/2017





04/25/2017
#511







09/28/2017



09/28/2017



09/28/2017



09/28/2017



09/28/2017



10/02/2017



10/02/2017



10/02/2017



10/02/2017



10/02/2017



10/02/2017



10/02/2017



10/02/2017

ASBESTOS INSPECTION REPORT FORM – GENERAL

AI Number: 72485

Date: 09/28/2017

Site Name: Fondren Hospitality LLC site

Address: 511, 515, and 519
Jackson, MS 39216

Inspector(s): Tommy Moody, Andrew Ables, and Bobby Cole

Site Owner or Operator: Fondren Hospitality, LLC

Address: 115 W. Jackson Street Suite 2D
Ridgeland, MS. 39157

Contact: Kishan Gopal / Ali Bhatti
Phone No.: 601-488-4657

Removal Contractor: Advance Environmental Consultants, Inc.

Address: 755 North President Street
Jackson, MS. 39202

Contact: Dr. DeJonnette King
Phone No.: 601-362-1788

Demolition/Renovation Contractor: S&R Development

Address: 115 W. Jackson Street Suite 2D
Ridgeland, MS. 39157

Contact: Lance Conn
Phone No.: 662-574-9962

Person(s) Contacted and Affiliation: Lance Conn, Construction Superintendent of S&R Development

Type Inspection:

- ☒ Unannounced
☐ Pre-removal
☐ Post removal

- ☐ Announced
☒ During removal

Purpose of Inspection:

- ☒ Compliance Verification
☐ Complaint Investigation

- ☒ Follow-up
☐ Surveillance

Inspection results: (Describe activity, identify any problem conditions or regulation issues and note if any photographs or samples were taken.)

Site operations were suspended 09/25/2017 to allow time to assure compliance with asbestos regulations. This inspection follows the site operator's engagement of MDEQ licensed asbestos abatement professionals and agency receipt of a project notification showing work to commence on this day. The focus of the inspection is the clean up of the asbestos containing debris from the three residential structures (519, 515, and 511 Fondren Place) that were demolished earlier. Lab results from all transite samples collected on 09/25/2017 have confirmed the presence of asbestos. Transite samples were found to contain 25% asbestos.

The asbestos crew was on site and following procedures to treat all demolition debris as asbestos containing waste material. MDEQ certified abatement supervisors were on site as well as certified abatement workers. They were wetting the debris during handling and loading into roll-off boxes to contain the material. The crew was also covering the boxes for transport to the approved asbestos waste disposal site.

Clean up operations were proceeding as requested and no problems were noted. Pictures of the operations are attached.

09/29/2017

During a follow up visit on this day, operations were found to be continuing in the same manner as the previous day and no problems were noted. Also, the restaurant building (2801 North State Street) that is scheduled for demolition was reinspected for asbestos materials as requested by Advanced Environmental Consultants, Inc.

10/02/2017

This site was visited in follow up on this date and debris removal was complete except for a small amount of concrete and wood. A walk of the area of the three house demolitions did not find any remaining asbestos debris. Pictures of the cleared site are attached.

ASBESTOS INSPECTION REPORT FORM – REMOVAL PROJECT

Site: Fondren Hospitality LLC site

Date: 09/28/2017

Background Information:

Did the owner or operator have an asbestos survey performed prior to demolition or renovation activity. ☒ yes ☐ no

Individual's name who performed survey: Neko N. Sharkey

Date survey performed: 08/18/2017

If applicable, MS DEQ Certification No.: No MDEQ Certification

Type Operation: ☒ Demolition ☐ Planned Renovation
☐ Ordered Demolition ☐ Nonscheduled Operation
☐ Emergency Renovation

Surrounding Neighborhood: Commercial / Residential

Building or Facility Use: Residential

Application of Asbestos Materials: Exterior siding (transite) and possibly other material

Quantity of Asbestos Materials: Greater than 160 sq. ft.

Determined by ☒ estimate ☐ as indicated by Contractor or Project Contact.

Is asbestos material regulated? ☒ yes ☐ no;

Comments: All 3 structures had the transite siding as shown in pictures taken 09/22/2017. Samples of the siding were collected on 09/25/2017 and laboratory analysis confirmed the presence of asbestos.

Notification Considerations:

Notification submitted: ☒ yes ☐ no; If not, why

Asbestos Removal Dates: Start: 09/28/2017 End: 09/30/2017

Demolition/Renovation Dates: Start: 09/25/2017 End: 10/15/2017

Removal Procedures and Emission Control Considerations: (Respond by selecting Yes or No)

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility component covered with, coated with, or containing RACM taken out of the facility as a unit or section? If yes,
<input type="checkbox"/>	<input type="checkbox"/>	A) RACM exposed during cutting or disjoining operations?
<input type="checkbox"/>	<input type="checkbox"/>	B) Facility component encased in Leak-tight wrapping?
<input type="checkbox"/>	<input type="checkbox"/>	C) RACM stripped from the facility component?

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ordered demolition bulk/gross removal? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | RACM stripped while it remains in-place in the facility? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Glove-bag system? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Adequate wetting? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use of surfactant? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Poly containment? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Negative Air? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Decontamination until set up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warning signs posted? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Use of barriers? |

On-site Waste Disposal and Emission Control Considerations: (Respond by selecting Yes or No as applicable, or leave blank if check cannot be completed at the time of inspection.)

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | ACWM sealed in leak-tight containers or wrapping? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Containers or wrapped material labeled with asbestos hazard warning? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ACWM wet in container or wrapping? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACWM generated during an ordered demolition or demolition where ACM is not required to be removed? If yes, |
| <input type="checkbox"/> | <input type="checkbox"/> | A) Is ACWM kept wet after demolition? |
| <input type="checkbox"/> | <input type="checkbox"/> | B) Is ACWM wet during handling and loading? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Containers of or wrapped ACWM destined for off-site transport labeled with name of waste generator and the location of its generation? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vehicles used in the transport of ACWM marked appropriately during loading and unloading? |

Were there any areas of visible emissions? ☐ yes ☒ no; If yes, identify

On-Site representative:

If applicable, name of on-site representative who has had the required training in the provisions of the NESHAP Regulations? Tony Forest of Advance Environmental Consultants, Inc.

Is evidence regarding this individual's training available for inspection?

☒ yes ☐ no

Waste Transporters:

Name: E3 Services
 Address: 1682 Springridge Road
 City, State Zip: Raymond, MS. 39154
 Contact: Ricky Caraway

Telephone: 601-897-4595

Waste Disposal Site:

Name: Clearview Environmental Control Facility

Address: 2253 Mudline Road

City, State Zip: Lake, MS. 39092

Contact: Unknown

Telephone: 601-922-5632

Remarks: All debris handling and loading were being performed as prescribed for bulk handling of asbestos containing demolition debris.

ASBESTOS INSPECTION REPORT FORM – GENERAL

AI Number: 72485

Date: 09/22/2017

Site Name: Unknown

Address: 523 Fondren Place
Jackson, MS 39216

Inspector(s): Ryan Galfetti

Site Owner or Operator: Daryl Catchings

Address: PO Box 438
Tougaloo, MS 39174

Contact:
Phone No.: 601-502-6472

Removal Contractor: N/A

Address:

Contact:
Phone No.:

Demolition/Renovation Contractor: S&R Development

Address: 115 W. Jackson Street Suit 2D
Ridgeland, MS 39157

Contact: Lance Conn
Phone No.: 662-574-9962

Person(s) Contacted and Affiliation: Daryl Catchings

Type Inspection:	<input checked="" type="checkbox"/> Unannounced	<input type="checkbox"/> Announced
	<input type="checkbox"/> Pre-removal	<input type="checkbox"/> During removal
	<input type="checkbox"/> Post removal	
Purpose of Inspection:	<input type="checkbox"/> Compliance Verification	<input type="checkbox"/> Follow-up
	<input checked="" type="checkbox"/> Complaint Investigation	<input type="checkbox"/> Surveillance

Inspection results: (Describe activity, identify any problem conditions or regulation issues and note if any photographs or samples were taken.)

This site was visited to investigate a complaint that demolition activity was occurring and compliance with asbestos regulations was a concern. A check of agency records before going to the site did not find any record of a demolition project notification.

Upon arrival, a trac-hoe operator was found loading out debris from a structure that had been demolished. The site location was 523 Fondren Place and the activity was likely affected by asbestos control regulations.

The trac-hoe operator was identified as Mr. Daryl Catchings and he allowed me to inspect the debris for asbestos material. No suspected asbestos materials were found and therefore, no samples were collected.

Mr. Catchings identified Mr. Lance Conn of S&R Development to be the construction superintendent for the work being performed. Mr. Catchings contacted Mr. Conn by telephone during the inspection and it was reported to me that a property survey had been performed by an environmental laboratory and no asbestos was found. He spoke of having submitted all paperwork for demolition activity and indicated that he would forward a copy of the lab report and documents for the project.

There were three other structures that appeared to be set for demolition as part of the same project. These structures appeared to have asbestos siding that would need to be abated. Mr. Catchings was advised to not demolish their structures until questions about the siding or asbestos were resolved.

There was no asbestos disturbance noted during this inspection, but requirements for the submittal of demolition project notice may be an issue.

Pictures of both the debris that was inspected and the structures awaiting demolition are attached.

ASBESTOS INSPECTION REPORT FORM – GENERAL

AI Number: 72485

Date: 09/25/2017

Site Name: Unknown

Address: 511, 515, and 519 Fondren Place
Jackson, MS 39216

Inspector(s): Tommy Moody and Ryan Galfetti

Site Owner or Operator: S&R Development

Address: 115 W. Jackson Street, Suite 2D
Ridgeland, MS. 39157

Contact: Lance Conn
Phone No.: 662-574-9962

Removal Contractor: N/A

Address:

Contact:
Phone No.:

Demolition/Renovation Contractor: S&R Development

Address: 115 W. Jackson Street, Suite 2D
Ridgeland, MS.

Contact: Lance Conn
Phone No.: 662-574-9962

Person(s) Contacted and Affiliation: Lance Conn

Type Inspection:	<input checked="" type="checkbox"/> Unannounced	<input type="checkbox"/> Announced
	<input type="checkbox"/> Pre-removal	<input type="checkbox"/> During removal
	<input type="checkbox"/> Post removal	
Purpose of Inspection:	<input type="checkbox"/> Compliance Verification	<input type="checkbox"/> Follow-up
	<input checked="" type="checkbox"/> Complaint Investigation	<input type="checkbox"/> Surveillance

Inspection results: (Describe activity, identify any problem conditions or regulation issues and note if any photographs or samples were taken.)

This inspection is in response to a complaint on this date that structures were being demolished without any regard to asbestos materials in siding, ceilings, wall board, etc. The structures in question were apparently the three residential structures that were noted during our 09/22/2017 inspection as likely having asbestos siding.

At the time of this inspection, the structures had been completely demolished and reduced to piles of debris. No activity was being performed except for the removal of trees and vegetation. Load out of the demolition debris had been suspended.

Mr. Lance Conn was on site and questioned about the handling of asbestos in the structures. Mr. Conn produced an inspection report showing no asbestos materials, but questions remained because suspected asbestos siding had not been sampled or tested. Mr. Conn allowed us to inspect and pull samples from the debris and indicated he would email a copy of the inspection report.

The inspection ended with the collection of 9 samples of suspected asbestos material and the understanding that demolition debris removal would remain suspended pending results of the sampling.

Pictures of the debris and materials that were sampled are attached. The chain of custody forms for the samples sent for laboratory analysis are also attached.

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) ACM debris from 511,515,519 and 521 Fondren Place, Jackson, MS 39216					
Bldg. Name: Fondren Hospitality Group, LLC Site					
Address Former Restaurant -2801 Fondren Place					
City: Jackson	State: MS	Zip: 39216			
Site Location: Southwest quadrant of N State Street and Fondren Place		Tel: 601/488-4657			
Building Size 4,000 sf total	# of Floors: 1	Age in Years: 1976			
Present Use: Residential	Prior Use: Residential				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Fondren Hospitality Group, LLC					
Address: 115 W. Jackson Street, Suite 2D					
City: Ridgeland	State: MS	Zip: 39157			
Contact: Kishan Gopal/Ali Bhatti		Tel: 601/488-4657			
REMOVAL CONTRACTOR S & R Development (Demolition Company)					
Address: 115 W Jackson Street Suite 2D					
City: Ridgeland	State: MS	Zip: 39157			
Contact: Kishan Gopal/Ali Bhatti		Tel: 601.488.4657			
OTHER OPERATOR: Advanced Environmental Consultants, Inc. (Asbestos Inspection Firm)					
Address: 775 North President Street					
City: Jackson	State: MS	Zip: 39202			
Contact: DeJonnnette Grantham King, Ph.D.					
V. IS ASBESTOS PRESENT? (Yes/No) No					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Kristian S. King, 9/29/17					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/12/17				Complete: 10/15/17	

RECEIVED
OCT 5 2017
Dept. of Environmental Quality

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

Demo. Erecting B rully

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

XII. WASTE TRANSPORTER #1

Name: American Disposal Service, Inc.

Address: 1312 Sprindridge Rd

City: Clinton

State: MS

Zip: 39056

Contact Person:

Tel: 601/925-0507

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

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

Operations will cease, areas contained, and MDEQ notified.

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.

Lance Conn
Type or Print Name

Lance Conn
(Signature of Owner/Operator)

10/2/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lance Conn
Type or Print Name

Lance Conn
(Signature of Owner/Operator)

10/2/17

(Date)

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) ACM debris from 511,515,519 and 521 Fondren Place, Jackson, MS 39216				
Bldg. Name: Fondren Hospitality Group, LLC Site				
Address Former Restaurant -2801 Fondren Place				
City: Jackson	State: MS	Zip: 39216		
Site Location: Southwest quadrant of N State Street and Fondren Place			Tel: 601/488-4657	
Building Size 4,000 sf total	# of Floors: 1	Age in Years: 1976		
Present Use: Residential	Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Fondren Hospitality Group, LLC				
Address: 115 W. Jackson Street, Suite 2D				
City: Ridgeland	State: MS	Zip: 39157		
Contact: Kishan Gopal/Ali Bhatti			Tel: 601/488-4657	
REMOVAL CONTRACTOR S & R Development (Demolition Company)				
Address: 115 W Jackson Street Suite 2D				
City: Ridgeland	State: MS	Zip: 39157		
Contact: Kishan Gopal/Ali Bhatti			Tel: 601.488.4657	
OTHER OPERATOR: Advanced Environmental Consultants, Inc. (Asbestos Inspection Firm)				
Address: 775 North President Street				
City: Jackson	State: MS	Zip: 39202		
Contact: DeJonnette Grantham King, Ph.D.				
V. IS ASBESTOS PRESENT? (Yes/No) No				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Kristian S. King, 9/29/17				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/12/17 Complete: 10/15/17				

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

Demo. Excepting Building

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

XII. WASTE TRANSPORTER #1

Name: American Disposal Service, Inc.

Address: 1312 Sprindridge Rd

City: Clinton

State: MS

Zip: 39056

Contact Person:

Tel: 601/925-0507

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

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

Operations will cease, areas contained, and MDEQ notified.

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.

Lance Conn

Type or Print Name

(Signature of Owner/Operator)

10/2/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lance Conn

Type or Print Name

(Signature of Owner/Operator)

10/2/17

(Date)

72485

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMMail 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, E					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) ACM debris from 511,515,519 and 521 Fondren Place, Jackson, MS 39216					
Bldg. Name: Fondren Hospitality Group, LLC Site					
Address 511, 515, 519, 519, and 521 Fondren Place					
City: Jackson	State: MS	Zip: 39216			
Site Location: Southwest quadrant of N State Street and Fondren Place			Tel: 601/488-4657		
Building Size 103,712 sf total	# of Floors: 1	Age in Years: 1941-1981			
Present Use: Residential	Prior Use: Residential				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Fondren Hospitality Group, LLC					
Address: 115 W. Jackson Street, Suite 2D					
City: Ridgeland	State: MS	Zip: 39157			
Contact: Kishan Gopal/Ali Bhatti			Tel: 601/488-4657		
REMOVAL CONTRACTOR S & R Development (Demolition Company)					
Address: 115 W Jackson Street Suite 2D					
City: Ridgeland	State: MS	Zip: 39157			
Contact: Kishan Gopal/Ali Bhatti			Tel: 601.488.4657		
OTHER OPERATOR: Advanced Environmental Consultants, Inc. (Abatement Company)					
Address: 775 North President Street					
City: Jackson	State: MS	Zip: 39202			
Contact: DeJonnette Grantham King, Ph.D.					
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): Neko N. Sharkey, EPA Neshap #013472, August 18, 2017, Method: Bulk EPA 600/R-93/116					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area Approx. 110 tons of	ACM debris			Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/28/17				Complete: 9/30/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/12/17				Complete: 10/15/17	

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

Demolition by deliberate collapse

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

All debris on site where transite is comingled in the debris, will be wetted down to prevent emissions.

XII. WASTE TRANSPORTER #1

Name: American Disposal Service, Inc. (Demolition)

Address: 1312 Sprindridge Rd

City: Clinton

State: MS

Zip: 39056

Contact Person:

Tel: 601/925-0507

WASTE TRANSPORTER #2

Name: E 3 Services (Asbestos Debris)

Address: 1682 Springridge Road

City: Raymond

State: MS

Zip: 39154

Contact Person: Ricky Caraway

Tel: 601/897-4595

XIII. WASTE DISPOSAL SITE

Name: Clearview Environmental Control Facility (Asbestos Containing Materials)

Address: 2253 Mudline Road

City: Lake

State: MS

Zip: 39092

Tel: 601/922-5632

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: Transite siding was discovered in demolition debris for homes that had been demolished.

Date and Hour of Emergency (MM/DD/YY): 9/21/17

Description of the sudden unexpected event: Cleaning up demolition debris that contains asbestos containing debris.

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

Transite siding was detected in debris on the ground. This caused unsafe conditions for workers, community, and landfill, if unknown.

XVI. 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:

Operations will cease, areas contained, and MDEQ notified.

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.

DeJonneth Grantham King

Type or Print Name

(Signature of Owner/Operator)

9/27/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DeJonneth Grantham King

Type or Print Name

(Signature of Owner/Operator)

Aug 9/27/17

(Date)

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) Original				
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) Fondren Hospitality LLC Site				
Bldg. Name:				
Address 2801, 2815 & 2819 North State Street, 511, 513, 519, & 523 Fondren Place, and 524 Lorenz Boulevard				
City: Jackson	State: MS	Zip: 39216		
Site Location: Southwest quadrant of N State Street and Fondren Place		Tel: 601.938.5508		
Building Size 103,712 sf total	# of Floors: 1 & 2	Age in Years: 1941-1981		
Present Use: Restaurant and Residential	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Fondren Hospitality, LLC				
Address: 115 W. Jackson Street, Suite 2D				
City: Ridgeland	State: MS	Zip: 39157		
Contact: Kishan Gopal/Ali Bhatti		Tel: 601.488.4657		
REMOVAL CONTRACTOR S & R Development				
Address: 115 W Jackson Street Suite 2D				
City: Ridgeland	State: MS	Zip: 39157		
Contact: Kishan Gopal/Ali Bhatti / Lance Conn		Tel: 601.488.4657		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) No assumed To Be				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Neko N. Sharkey, EPA NESHAP #013472, August 18, 2017, Method: Bulk PLM EPA 600/R-93/116				
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 UNIT
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/27/17				Complete: 10/15/17
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/12/17				Complete: 9/30/17

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

Demolition by deliberate collapse

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

Not applicable - No asbestos detected

XII. WASTE TRANSPORTER #1

Name: American Disposal Service, Inc.

Address: 1312 Springridge Rd

City: Clinton

State: MS

Zip: 39056

Contact Person:

Tel: 601.925.0507

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Faircloth Landfill

(Little Dixie Landfill) - ACM

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:

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): 9/21/17

Description of the sudden unexpected event: Cleaning up demolition debris that contains asbestos

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Transite siding was detected.

XVI. 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:

Operations will cease and MDEQ notified.

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.

Lance Conn
Type or Print Name

Lance Conn
(Signature of Owner/Operator)

9/26/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Neko N. Sharkey

(Signature of Owner/Operator)

August 31, 2017

Type or Print Name

(Signature of Owner/Operator)

(Date)