

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			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 16 2017 </div>		
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: SINGLE FAMILY DWELLINGS					
Address 357 & 371 MALONE ALLEY					
City: TUPELO	State: MS	Zip: 38804			
Site Location: 357 & 371 MALONE ALLEY		Tel: 662-841-6510			
Building Size 1,200 sq ft	# of Floors: 1	Age in Years: 50+			
Present Use: VACANT	Prior Use: SINGLE FAMILY DWELLING				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: CITY OF TUPELO					
Address: 71 EAST TROY STREET					
City: TUPELO	State: MS	Zip: 38802			
Contact: LYNDA FORD	Tel: 662-841-6510				
REMOVAL CONTRACTOR EAC ENVIRONMENTAL					
Address: 4546 CALSTEENS RD					
City: CALEDONIA	State: MS	Zip: 39740			
Contact: ED CIAY	Tel:				
OTHER OPERATOR: TIM MAY					
Address: 544 BIRMINGHAM RIDGE RD					
City: SALTILLO	State: MS	Zip: 38866			
Contact: TIM MAY					
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): EDWARD CIAY INSPECTED ON 1-10-17					
MATERIALS TESTED USING PLM METHOD					
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				Ln Ft:	Ln M:
Surface Area 36 sq ft VCT FLOORING				TOTAL Sq Ft: 276	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-10-17 Complete: 2-10-17					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2-24-17 Complete: 2-28-17					

Dept. of Environmental Quality

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

SITE TO BE DEMOLISHED BY BULDOZER

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

WET METHOD, DOUBLE BAGGING

XII. WASTE TRANSPORTER #1

Name: GO BOX

Address: 100 ROSECREST DRIVE

City: COLUMBUS

State: MS

Zip: 39701

Contact Person: PAM BOUN

Tel: 662-328-5642

WASTE TRANSPORTER #2

Name: TMCO

Address: 544 BIRMINGHAM RIDGE RD

City: SALTILLO

State: MS

Zip: 38866

Contact Person: TIM MAY

Tel: 662-866-2151

XIII. WASTE DISPOSAL SITE

Name: ROBO LANDFILL

Address: 6447 WAHALAK RD

City: SHUQUALAK

State: MS

Zip: 39358

Tel: 662-793-4795

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

CEASE WORK; ASSESS THE SITUATION, DEVELOP A PLAN OF ACTION TO MOVE FORWARD

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.

EDWARD A. CLAY

(Signature of Owner/Operator)

2-13-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDWARD A. CLAY

(Signature of Owner/Operator)

2-13-17

(Date)