

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) Commercial Property							
Bldg. Name: Baymont Bath, Inc							
Address 30 Red Bay Rd							
City: Golden	State: MS	Zip: 38847					
Site Location: Golden, MS (Tishomingo County)		Tel: 256-412-5574					
Building Size 106,000 Ft ²	# of Floors: 1	Age in Years: 31 years					
Present Use: Bath Fitting manufacturing	Prior Use: Fiberglass components manufacturing						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Baymont Bath Inc cp Mike Stockton							
Address: 30 Red Bay Rd							
City: Golden	State: MS	Zip: 38847					
Contact: Mike Stockton		Tel: 256-412-5574					
REMOVAL CONTRACTOR Demolition - Cotton Commercial Inc clo Preston Matthews							
Address: 5443 Katy Hackley Cutoff Rd							
City: Katy	State: TX	Zip: 77493					
Contact: Preston Matthews		Tel: 843-625-9227					
OTHER OPERATOR: Asbestos - EAC Environmental							
Address: 4546 Cal Steens Rd							
City: Caledonia	State: MS	Zip: 39740					
Contact: Edward Clay - 662-386-6386							
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): PLM Method / Inspected by EAC Environmental							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		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 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Category I</td> <td style="width: 50%; text-align: center;">Category II</td> </tr> </table>		Category I	Category II	UNIT	
				Category I	Category II		
RACM To Be Removed							
Pipes				Ln Ft:	Ln M:		
Surface Area	Transite Panel			Sq Ft: 50	Sq M:		
Vol RACM Off Facility Component				Cu Ft:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-20-17			Complete: 7-20-17				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-7-17			Complete: 9-1-17				

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

Structure to be demolished by heavy Equipment

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

Wet Method

XII. WASTE TRANSPORTER #1

EAC Environmental

Name: EAC Environmental

Address: 4546 Cal Steens Rd

City: Caledonia

State: MS

Zip: 39740

Contact Person: Edward clay

Tel: 662-386-6386

WASTE TRANSPORTER #2

GO BOY

Name: GO BOY

Address: 100 Rose Crest Drive

City: Columbus

State: MS

Zip: 39701

Contact Person: Pam Bolin

Tel: 662-328-5042

XIII. WASTE DISPOSAL SITE

Asbestos

Name: Robo Landfill

Roland Edmonds

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Revise MDEQ Notification/ Cease work/ assess + develop Plan of action

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.

Chad Gibson

Type or Print Name

[Signature]

(Signature of Owner/Operator)

7/25/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Preston Matthews

Type or Print Name

[Signature]

(Signature of Owner/Operator)

7/25/17

(Date)

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Dept. of Environmental Quality