

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

**RECEIVED**  
**OCT 2 2017**  
 Dept. of Environmental Quality

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Vacant House</b>					
Bldg. Name:					
Address <b>9603 West Main St</b>					
City: <b>Tupelo</b>	State: <b>MS</b>	Zip: <b>38804</b>			
Site Location: <b>9603 West Main St</b>		Tel: <b>662-891-0907</b>			
Building Size <b>Appx 2,000</b>	# of Floors: <b>1</b>	Age in Years: <b>50</b>			
Present Use: <b>Single Family Dwelling</b>	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Millcreek, LLC</b>					
Address: <b>P.O. Box 3088</b>					
City: <b>Tupelo</b>	State: <b>MS</b>	Zip: <b>38804</b>			
Contact: <b>Chip Waterer</b>		Tel: <b>662-891-0907</b>			
REMOVAL CONTRACTOR <b>EAC Environmental</b>					
Address: <b>4546 Cal Steens Rd</b>					
City: <b>Caledonia</b>	State: <b>MS</b>	Zip: <b>39740</b>			
Contact: <b>Edward Clay</b>		Tel:			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
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				LnFt:	Ln M:
Surface Area	<b>X</b>	<b>X 110SqFt</b>	<b>X 640 SqFt</b>	SqFt: <b>750</b>	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>10/12/2017</b>				Complete: <b>10/14/2017</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>TBD</b>				Complete: <b>TBD</b>	

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

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

Name: EAC Environmental

Address: 4546 Cal Steens Rd

City: Caledonia

State: MS

Zip: 30740

Contact Person: Edward Clay

Tel: 662-386-6386

WASTE TRANSPORTER #2

Name: Go Box

Address: 100 Rosecrest Drive

City: Columbus

State: MS

Zip: 39701

Contact Person: Pam Bolin

Tel: 662-328-5642

XIII. WASTE DISPOSAL SITE

Name: ROBO

Address: 6447 Wahalak Rd

City: Scooba

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:

Cease work, assess the situation, contact owner and revise MDEQ notification

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

Type or Print Name

(Signature of Owner/Operator)

09-29-2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDWARD A. CLAY

Type or Print Name

(Signature of Owner/Operator)

09-29-17

(Date)