

# 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) <b>R</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 Sq Ft</b>	# of Floors: <b>1</b>	Age in Years: <b>50</b>		
Present Use: <b>Single Family Dwelling W/ Carport</b>	Prior Use: <b>Dental Clinic</b>			
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: <b>662-386-6386</b>		
OTHER OPERATOR: <b>Demolition / Miles Excavation</b>				
Address: <b>257 Jones St</b>				
City: <b>Belden</b>	State: <b>MS</b>	Zip: <b>38826</b>		
Contact: <b>Johnny Miles</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>PLM Method Inspected by Edward Clay on 08-12-17</b>				
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	<b>X</b>			Sq Ft: <b>750</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>12-01-17</b>		Complete: <b>12-02-17</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>12-07-17</b>		Complete: <b>12-17-17</b>		

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

**Post ACM Removal ... The structures will be demolished with heavy machinery and disposed of.**

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

**Wet Method and Double Bagging of Materials**

XII. WASTE TRANSPORTER #1

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

Name: **Go Box**

Address: **100 Rosecrest Drive**

City: **Columbus**

State: **MS**

Zip: **39701**

Contact Person: **Pam Polin**

Tel: **662-328-5642**

XIII. WASTE DISPOSAL SITE

Name: **ROBO Landfill**

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, notify owner and revise MDEQ Demolition/ Renovation 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)

10.31.17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward A. Clay

Type or Print Name

(Signature of Owner/Operator)

10.31.17

(Date)