

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

**RECEIVED**  
 NOV 6 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>3 VACANT HOUSES</b>			
Bldg. Name:			
Address <b>103 LAKEVIEW, 2225 &amp; 2229 WEST MAIN ST</b>			
City: <b>TUPELO</b>	State: <b>MS</b>	Zip: <b>38804</b>	
Site Location: <b>SAME AS ADDRESS</b>		Tel: <b>662-842-8538</b>	
Building Size <b>Appx 1,600 sq ft each</b>	# of Floors: <b>1</b>	Age in Years: <b>50+</b>	
Present Use: <b>VACANT</b>	Prior Use: <b>SINGLE FAMILY DWELLINGS, DAY CARE</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
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>ED CIAY</b>	Tel: <b>662-386-6386</b>		
OTHER OPERATOR: <b>HODGES CONSTRUCTION</b>			
Address: <b>1281 Co. RD 811</b>			
City: <b>SALTILLO</b>	State: <b>MS</b>	Zip: <b>38866</b>	
Contact: <b>CHAD</b>			
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):			
<b>PLM METHOD INSPECTED BY EDWARD CIAY 05-05-17</b>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft:      Ln M:
Surface Area	<del>786</del>		Sq Ft: <b>600</b> Sq M:
Vol RACM Off Facility Component			Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		<b>11-17-17</b>	Complete: <b>11-18-17</b>
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		<b>11-20-17</b>	Complete: <b>11-24-17</b>

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

Post ACM REMOVAL - THE STRUCTURES WILL BE DEMOLISHED w/ HEAVY EQPT.

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 OF MATERIALS

XII. WASTE TRANSPORTER #1

Name: EAC ENVIRONMENTAL

Address: 4546 CAL STEENS RD

City: CALEDONIA

State: MS

Zip: 39740

Contact Person: ED CLAY

Tel:

WASTE TRANSPORTER #2 GO BOX

Name: GO BOX

Address: 100 ROSECREST DR

City: COLUMBUS

State: MS

Zip: 39701

Contact Person: Pam BOLIN

Tel: 662-328-5642

XIII. WASTE DISPOSAL SITE 1

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 & REVISE MDEQ NOTICE

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 CLAY

Ed Clay (Signature of Owner/Operator)

11-03-17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDWARD CLAY

Ed Clay (Signature of Owner/Operator)

11-03-17 (Date)