

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) R (Revision #1)			
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: Specialty Orthopedic Group Property			
Address 1211 South Gloster Street			
City: Tupelo	State: MS	Zip: 38801	
Site Location: South Gloster Street		Tel:	
Building Size 20000 S.F.	# of Floors: 2	Age in Years: OVER 25	
Present Use: VACANT	Prior Use: Hotel, Residential Bldg. & Commercial Bldg.		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Specialty Orthopedic Group			
Address: 4381 South Eason Boulevard #102			
City: Tupelo	State: MS	Zip: 38801	
Contact: Sparky Luster		Tel: 662-767-4200	
REMOVAL CONTRACTOR Environmental Evaluation & Control, Inc.			
Address: P.O. Box 5422			
City: Columbus	State: MS	Zip: 39704	
Contact: Ron Robinson		Tel: 662-328-2286	
OTHER OPERATOR: Hodges Construction			
Address: 1281 CR 811			
City: Saltillo	State: MS	Zip: 38866	
Contact: James Hodges #662-842-8538			
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):			
EDL Labs, PLM Method 12/12/17 & 12/15/17 roofing, flooring, caulking, ceilings, walls			
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		Indicate Unit of Measurement Below	
		Category I	Category II
Pipes	CAULKING		Ln Ft: 200LF Ln M:
Surface Area	FLOOR TILE		Sq Ft: 5000 Sq M:
Vol RACM Off Facility Component	ROOFING		Cu Ft: 300LF Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/25/18 01-31-18		Complete: 01/31/18 02-02-18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/01/18 02-02-18		Complete: 02/15/18	

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

DEMOLITION USING EXCAVATOR

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

ASBESTOS ABATEMENT USING WET METHODS

XII. WASTE TRANSPORTER #1

Name: Environmental Evaluation & Control, Inc.

Address: P.O. Box 5422

City: Columbus

State: MS

Zip: 39704

Contact Person: Ron Robinson

Tel: 662-328-2286

XII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Ro Bo Landfill

Address: Route 1, Box 33A

City: Scooba

State: MS

Zip: 39361

Tel: 662-793-4795

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK - 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.

Ron Robinson

Type or Print Name

Ron Robinson

(Signature of Owner/Operator)

1-25-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson

Type or Print Name

Ron Robinson

(Signature of Owner/Operator)

1-25-18

(Date)