MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to:	MDEQ Asbestos S	ection, 515	E. Amite Stree	t, Jackson, MS 39	7201			
Operator Project #	Postmark 1/8/18 Date Recei		Date Received	(MDEQ use only)	Notification #	(MDEQ use only)		
Type of Notification (O=Original R=	Revised C=Canceled A≃	Annual)	R		1			
II. TYPE OF OPERATION (D=Demo	O= Ordered Demo R=Re	enovation E=	Erner, Renovation)	D				
III. FACILITY DESCRIPTION (Include	building name, number	and floor or i	oom number) Ga	as Station	F			
Bldg. Name: BP Gas Station / A					15			
Address 705 University Dr. , A	dd 705 1/2 703 L	/2 & 703 1	University Dr	17.4				
City: Starkville				Zip:				
Site Location:			Tel:					
Building Size 4,500 SF total + 10,000 Sf apts		# of Floors: 1/2		Age in Years: 50				
Present Use: Vacant		Prior Use: Service Statio						
IV. FACILITY INFORMATION (Identification)	v owner, removal contrac					1		
TOTAL STREET	***************************************	·····	4 3 14					
OWNER NAME: IMS Development Inc. Address: 5690 Watermelon Rd #400								
Audicos.								
Contact: Northport Mr. Jackson Wallace		State.AL		Zip: 35473 Tel: 205-523-0426				
Cornage.				Tel: 203-323-013				
REMOVAL CONTRACTOR Sp Address: PO Box	ecialty Abatement Se 15925	rvices, Inc						
City: Hattiesburg			State: MS Zip: 39404					
Contact: William H. Stamps				Tel: 601-264-5550				
OTHER OPERATOR: Burns Dir				- 14. 15. 11. 11.				
Address: 57 Burns Drive				22.54				
City: Columbus	1	State: MS		Zip: 39702				
Contact: Nic Parish		662-549-6070						
V. IS ASBESTOS PRESENT? (Yes/I	Yes - Siver R	oof Coatin		nyl in apartment l	kitchens 7051	/2 & 703 1/2		
VI. PROCEDURE, INCLUDING ANA	LYTICAL METHOD, IF AF	PROPRIAT	E, USED TO DETE	CT THE PRESENCE	E OF ASBESTO	S MATERIAL		
(Include inspector name and date of i		tila naah	and adilina dila	a anulle usindous is	-aulatian hava	tone Deefine		
Ron Robinson 12/13/17- PLM - VII. APPROXIMATE AMOUNT OF AS		, me, peg b	Nonfr		isulation, nave	ape, Rooting		
Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed	R/	Asb Mater		estos al Not emoved	Indicate Unit of Measurement Below			
	ved Rem	o Be noved	Category I	Category II		UNIT		
Pipes				- 7	LnFt:	Ln M:		
Surface Area			5.800		SqFt: X	Sq M:		
Vol RACM Off Facility Component					CuFt:	Cu M:		
VIII. SCHEDULED DATES ASBESTO	OS REMOVAL (MM/DD/Y	Y) Start:1/22	2/18		Complete;2/2/	18		
IX. SCHEDULED DATES DEMO/RE	NOVATION (MM/DD/YY)	Start: 1/22	2/18		Complete: 3/3	0/18		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:								
Removal of Roof panels with ACM coating Remove Sheet vinyl . Prior to Demo by others. XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE								
DEMOLITION OR RENOVATION SITE:								
. All ACM will Wetted and manually removed . Waste will be placed in properly lines container for disposal.								
XII. WASTE TRANSPORTER #1								
Name: Specialty Abatement Services, Inc.								
Address:PO Box 15925								
City: Hattiesburg	State: MS		Zip: 39404					
Contact Person: William H. Stamps			Tel: 601-264-5550					
WASTE TRANSPORTER #2								
Name:								
Address:								
City:	State:		Zip:					
Contact Person:	William I		Tel:					
XIII. WASTE DISPOSAL SITE								
Name: ROBO Landfill								
Address: 6447 Wahalak Road								
City: Scooba	State: MS		Zip: 39358					
Tel: 800 248-2990								
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:								
ne: Title:								
Authority:								
Date of Order (MM/DD/YY):			te 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:								
All work will stop. MDEQ will be notified.								
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.								
Anthony Bryant Type or Print Name (Signature of Owner Open		1/29/18 (Date)						
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:								
Anthony Bryant		1/29/18						
Type or Print Name (Signature of Owper/Oper	ator		(Date)					

Fax Cover: This is a confidential message, intended solely for the person to whom it is addressed. If you receive this message in error, please forward it to the correct person, or mail it back to us. Thank you.

To

Carolyn

Fax No.

601-961-5742

From

Tony Bryant

Date/Time 1/29/2018

Subject

Notification Revision

Pages

3,including this one

The following notices have been revised as summarized below:

Tommy

Vacant BP Station - 705 University Dr., Starkville

Added Adjacent Buildings Apartments 7051/2, 703, 7031/2

Please call me if you have any questions.

Thanks,

Tony Bryant 601-264-5550



270 Rawls Springs Loop Rd.
P. O. Box 15925
Hattiesburg, MS 39404-5925
601-264-5550
601-264-5344 Fax
TBryant@SpecialtyAbatement.com