

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED
MAR 19 2018
 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) O				
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: Bridges Dental Laboratory				
Address 2106 West Main Street				
City: Tupelo	State: MS	Zip: 38801		
Site Location: 2106 West Main Street		Tel: 662-841-6510		
Building Size Appx 3,000 sq ft	# of Floors: 2	Age in Years: Appx 50		
Present Use: Vacant	Prior Use: Dental Lab			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: City of Tupelo Development Services				
Address: 71 East Troy Street				
City: Tupelo	State: MS	Zip: 38804		
Contact: Jimmy Farnham		Tel: 662-840-2078		
REMOVAL CONTRACTOR EAC Environmental				
Address: 4546 Cal Steens Rd				
City: Caledonia	State: MS	Zip: 39740		
Contact: Edward Clay		Tel: 662-386-6386		
OTHER OPERATOR: City of Tupelo				
Address: 71 East Troy Street				
City: Tupelo	State: MS	Zip: 38804		
Contact: Jimmy Farnham				
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):				
Inspected by: Howard Outlaw		Date: 02-06-18	Analytical Method: PLM	
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 UNIT
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area	X	X		Sq Ft: 850 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03-28-18 Complete: 03-30-18				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04-02-18 Complete: 04-06-18				

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

Heavy Equipment

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

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 39701**

City: **Columbus**

State: **MS**

Zip: **39701**

Contact Person: **Pam Bolin**

Tel: **662-328-5642**

XIII. WASTE DISPOSAL SITE

Name: **RoBo Landfill**

Address: **6447 Wahalak Road**

City: **Scooba**

State: **MS**

Zip: **39358**

Tel: **662-793-4795**

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

Name: **Tupelo Development Service**

Title:

Authority: **City of Tupelo**

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Cease Work, Contact Owner and 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

Type or Print Name

Edward Clay
(Signature of Owner/Operator)

03-15-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward Clay

Type or Print Name

Edward Clay
(Signature of Owner/Operator)

03-15-18

(Date)