29657

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED
APR 26 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): N/A

Bldg. Name: N/A

Address: 410 UNIVERSITY DRIVE

City: STARKVILLE | State: MS | Zip: 39759

Site Location: SAME | Tel: 662-552-5674

Building Size: 1,000 sf | # of Floors: 1 | Age in Years: 50+

Present Use: VACANT | Prior Use: SERVICE STATION/CARWASH

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: TIM TURMAN

Address: 410 UNIVERSITY DRIVE

City: STARKVILLE | State: MS | Zip: 39759

Contact: JOSH SMITH | Tel: 662-552-5674

REMOVAL CONTRACTOR: EAC ENVIRONMENTAL

Address: 4546 CALSTEENS RD

City: CALEDONIA | State: MS | Zip: 39740

Contact: ED CLAY | Tel: 662-386-6386

OTHER OPERATOR: JOSH SMITH

Address: 181 LaGrange RD

City: EUPORA | State: M | Zip: 39744

Contact: JOSH SMITH

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):

PLM - METHOD INSPECTOR - ED CLAY DATE- 4.13.18

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: Category I	Nonfriable Asbestos Material Not To Be Removed: Category II	Indicate Unit of Measurement Below: UNIT	
Pipes				LnFt:	Ln M:
Surface Area	ROOF TAR + SEALANT			SqFt: 1,000	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-7-18 Complete: 5-7-18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-8-18 Complete: 5-18-18

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

MECHANICAL MACHINERY

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

WET METHOD, MOVE ACM to Poly LINED DUMPSTER

XII. WASTE TRANSPORTER #1

Name: WASTE PRO		
Address: 1600 12th St S		
City: Columbus	State: MS	Zip: 39701
Contact Person: Julie Goodin		Tel: 662-574-0028

WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: KEMPER Co. LANDFILL		
Address: MS Hwy 16		
City: DEKalb	State: MS	Zip: 39328
Tel: 601-743-2523		

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

CEASE WORK, NOTIFY OWNER & MDEQ

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 — Edward Clay — 04-24-18

Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDWARD CLAY — Edward Clay — 04-24-18

Type or Print Name (Signature of Owner/Operator) (Date)