

73624

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				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Old Grocery Store				
Address 401 Franklin Street				
City: Tupelo	State: MS	Zip: 38803		
Site Location: Corner of Otis Blvd & E. Franklin St.		Tel: 662-844-5264		
Building Size 33,000 S.F.	# of Floors: 1	Age in Years: Over 25		
Present Use: Vacant	Prior Use: Grocery Store			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Saratoga Enterprises, LLC				
Address: P.O. Box 4214				
City: Tupelo	State: MS	Zip: 38803		
Contact: Joe Estess	Tel: 662-844-5264			
REMOVAL CONTRACTOR Environmental Evaluation & Control				
Address: P.O. Box 5422				
City: Columbus	State: MS	Zip: 39704		
Contact: Ron Robinson	Tel:			
OTHER OPERATOR: McCarty King Construction Company				
Address: P.O. Box 88				
City: Tupelo	State: MS	Zip: 38802		
Contact: Leslie Mart				
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): IATL Labs, PLM Method Ron Robinson ABI-00001499 Inspected 03/07/18				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT
Pipes	Mastic 16,500 S.F.			Ln Ft: Ln M:
Surface Area	Floor Tile 1,500 S.F.			Sq Ft: Sq M:
Vol RACM Off Facility Component	Roof Flashing 720 S.F.			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/15/18		Complete: 05/25/18		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/28/18		Complete: 04/26/19		



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

Removal of asbestos containing materials using wet method

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

Strip & Removal, Wet Method, Double Bagging

XII. WASTE TRANSPORTER #1

Name: RES Inc.

Address: 1041 CR 549

City: Ripley

State: MS

Zip: 38663

Contact Person: Shea Mask

Tel: 662-837-4087

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Landfill

Address: 1904 Hwy 76 W

City: Pontotoc

State: MS

Zip: 38863

Tel: 662-488-0444

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

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

(Signature of Owner/Operator)

05/14/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson

Type or Print Name

(Signature of Owner/Operator)

05/14/18

(Date)