71030

# 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) |
|---|---|---|---|
| | | | |

RECEIVED
SEP 9 - 2019
Dept. of Environmental Quality

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: (2) VACANT HOUSES (1) SHED

Address 801 BATTLEGROUND DRIVE

City: IUKA State: MS Zip: 38852

Site Location: 801 BATTLEGROUND DRIVE Tel: 615-636-2667

Building Size Appx 1,200 sq ft EACH HOUSE # of Floors: 1 Age in Years: 50 +

Present Use: VACANT Prior Use: SINGLE FAMILY DWELLING

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

OWNER NAME: O'REILLY AUTOMOTIVE STORES INC.

Address: 233 S PATTERSON

City: SPRINGFIELD State: MO Zip: 65802

Contact: FERAL BLADES Tel: 615-636-2667

REMOVAL CONTRACTOR EAC ENVIRONMENTAL

Address: 4546 CAL STEENS RD

City: CALEDONIA State: MS Zip: 39740

Contact: ED CLAY Tel:

OTHER OPERATOR: BUZ PLAXICO DOZER SERVICE

Address: 57 RIDGEVIEW DRIVE

City: CORINTH State: MS Zip: 38834

Contact: BUZ PLAXICO

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):

INSPECTOR: W. FRED MAYES DATE: 12-18-19 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 | |
|---|---|---|---|---|---|
| | | Category I | Category II | UNIT | |
| Pipes | | | | LnFt: | Ln M: |
| Surface Area | X | | | SqFt: 3,200 | Sq M: |
| Vol RACM Off Facility Component | | | | CuFt: | Cu M: |

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09-19-19 Complete: 09-23-19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09-23-19 Complete: 09-30-19

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

STRUCTURES TO BE DEMOED USING 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, DOUBLEBAG

XII. WASTE TRANSPORTER #1

Name: EAC ENVIRONMENTAL

Address: 4546 CAL STEENS ROAD

City: CALEDONIA State: MS Zip: 39740

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

WASTE TRANSPORTER #2 Go Box

Name: Go Box

Address: 100 ROSECREST DRIVE

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: 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, ASSESS SITUATION, 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.

ED CLAY — Type or Print Name; Ed Clay — (Signature of Owner/Operator); 09-05-19 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

ED CLAY — Type or Print Name; Ed Clay — (Signature of Owner/Operator); 09-05-19 — (Date)