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) Original

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Old Car Shop Bldg.		
Address 447 East Main Street		
City: Tupelo	State: MS	Zip: 38804
Site Location: same		Tel:
Building Size Approximately 1,500 SF	# of Floors: 1	Age in Years: Unknown
Present Use: Vacant	Prior Use: Car Shop	

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

OWNER NAME: D & H Company		
Address: PO Box 1688		
City: Tupelo	State: MS	Zip: 38802
Contact: Nat Leathers		Tel: 662 842-7525
REMOVAL CONTRACTOR Century Construction Group, Inc.		
Address: PO Box 1366		
City: Tupelo	State: MS	Zip: 38802
Contact: Dalton Lincoln		Tel: 662 210-2220
OTHER OPERATOR:		
Address:		
City:	State:	Zip:
Contact:		

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):

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	Floor Tile & Mastic			SqFt: 700	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/29/2020 Complete: 06/30/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/01/2020 Complete: 07/03/2020

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JUN 18 2020

Dept. of Environmental Quality

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

Excavator

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

Wet Method Removal

XII. WASTE TRANSPORTER #1

Name: Century Construction Group, Inc.		
Address: PO Box 1366		
City: Tupelo	State: MS	Zip: 38802
Contact Person: Dalton Lincoln		Tel: 662 210-2220

WASTE TRANSPORTER #2

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

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Landfill		
Address: 1904 MS-76		
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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop & Test

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.

Dalton Lincoln, Project Manager — 06/15/2020

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

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dalton Lincoln, Project Manager — 06/15/2020

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