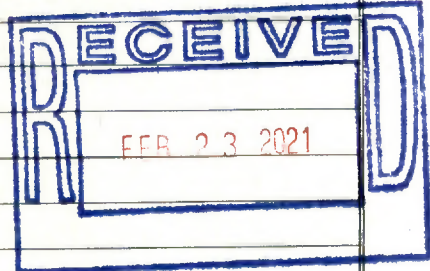


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) 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: Western Auto/Hardware Store				
Address 302 Walnut Street				
City: Ripley	State: MS	Zip: 38663		
Site Location: Same as above			Tel:	
Building Size Appx 8,000 Sq. Ft.	# of Floors: 1	Age in Years: Appx 50		
Present Use: Vacant	Prior Use: Retail Store			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME:				
Address:				
City:	State:	Zip:		
Contact: Andy Hodges	Tel: 662-321-1179			
REMOVAL CONTRACTOR Edward Clay				
Address: 4546 Cal Steens Road				
City: Caledonia	State: MS	Zip: 39740		
Contact: Ed Clay	Tel: 662-386-6386			
OTHER OPERATOR: Hodges Const.				
Address: 1281 CR 811 #A				
City: Saltito	State: MS	Zip: 38866		
Contact: Chad Rankin/Andy Hodges				
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):				
Inspector: Lamar Gilliland Date: 03-13-20 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			Sq Ft: 5,600 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/27/21			Complete: 03/13/21	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/14/21			Complete: 03/24/21	



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

Demo with Heavy Machinery

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

Contain Work Area, Set up Air Scrubber, Wet method, Double Bag

XII. WASTE TRANSPORTER #1

Name: **Ed Clay**

Address: **4546 Cal Steens Road**

City: **Caledonia**

State: **MS**

Zip: **39740**

Contact Person: **Ed Clay**

Tel: **662-386-6386**

WASTE TRANSPORTER #2

Name: **Go Box**

Address: **100 Rosecrest Lane**

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:

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Contain ACM, Assess the situation, Notify owner and MDEQ of the unexpected find

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

(Signature of Owner/Operator)

02/15/21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward Clay

Type or Print Name

(Signature of Owner/Operator)

02/15/21

(Date)