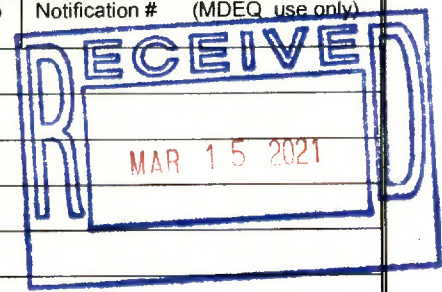


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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: Bel Air Center			
Address: 2107 Country Club Road			
City: Tupelo	State: MS	Zip: 38804	
Site Location:		Tel:	
Building Size: appx 3,000sq ft	# of Floors: 1	Age in Years: 50	
Present Use: Vacant	Prior Use: Golf Pro Shop, Recreational / Meeting Venue		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: City of Tupelo			
Address: 71 East Troy Street			
City: Tupelo	State: MS	Zip: 38804	
Contact: Brent McMillin	Tel: 662-231-1968		
REMOVAL CONTRACTOR EAC Environmental			
Address: 4546 Cal Steens Road			
City: Caledonia	State: MS	Zip: 39740	
Contact: Ed Clay	Tel: 662-386-6386		
OTHER OPERATOR: M&N Construction			
Address: 3841 Hwy 178A			
City: Mooreville	State: MS	Zip: 38854	
Contact: Brent McMillin			
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):			
Ron Robinson 07-07-20 PLM			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	
		Category I	Category II
		Indicate Unit of Measurement Below	
		UNIT	
Pipes			Ln Ft: Ln M:
Surface Area	X		Sq Ft: 3,000 Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03-24-21		Complete: 04-07-21	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04-08-21		Complete: 04-10-21	

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, Air Scrubbers, Wet Method, Double Bag

XII. WASTE TRANSPORTER #1

Name: **Go Box**

Address: **100 Rosecrest Lane**

City: **Columbus**

State: **MS**

Zip: **39701**

Contact Person: **Pam Bolin**

Tel: **662-328-5642**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **RoBo Landfill**

Address: **6447 Wahalak Road**

City: **Scooba**

State: **MS**

Zip: **39358**

Tel: **662-793-4705**

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 ACM, Assess the situation, Notify owner and MDEQ of 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 A. Clay

Type or Print Name

Edward A. Clay
(Signature of Owner/Operator)

03-10-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward A. Clay

Type or Print Name

Edward A. Clay
(Signature of Owner/Operator)

03-10-21

(Date)