

Rev 11

# 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) 3.7.22 em	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Old Canun Restaurant</b>					
Address <b>201 North Gloster Street</b>					
City: <b>Tupelo</b>	State: <b>MS</b>	Zip: <b>38801</b>			
Site Location: <b>201 North Gloster Street</b>			Tel:		
Building Size: <b>2800 sqft</b>	# of Floors: <b>1</b>	Age in Years: <b>30</b>			
Present Use: <b>Vacant</b>	Prior Use: <b>Restaurant</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>AHS Constuction</b>					
Address: <b>937 State Highway 15 South</b>					
City: <b>Pontotoc</b>	State: <b>MS</b>	Zip: <b>38652</b>			
Contact: <b>- Andy Stubblefield</b>			Tel: <b>662-488-0048</b>		
REMOVAL CONTRACTOR <b>Demolition Specialist, LLC</b>					
Address: <b>P.O. Box 103</b>					
City: <b>Taylor</b>	State: <b>MS</b>	Zip: <b>38673</b>			
Contact: <b>Ross Boatright</b>			Tel: <b>662-816-8928</b>		
OTHER OPERATOR <b>N/A</b>					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Polar Light Micro/ Ross Boatright - Dso 1/7/22</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Category I	Category II	UNIT
Pipas					Ln Ft:      Ln M:
Surface Area <b>3 -</b>		<b>Sheetrock</b>			Sq Ft: <b>2400</b> Sq M:
Vol RACM Off Facility Component					Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>03/11/22</b>			Complete: <b>3/15/22</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>03/15/22</b>			Complete: <b>3/20/22</b>		

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

Abatement Using Wet Method & Wrapped. Trackhoe & Excavator Demolition & Hauling

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

Site will be Wet during demolition to limit dust, debris and emissions.

XII. WASTE TRANSPORTER #1

Name: Demolition Specialist, LLC

Address: P.O. Box 103

City: Taylor

State: MS

Zip: 38673

Contact Person: Ross Boatright

Tel: 662-826-8928

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Three River's 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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Wet Method & Wrapped for Disposal. Hauled to Three Rivers Landfill

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.

Ross Boatright  
Type or Print Name

(Signature of Owner/Operator)

2/26/22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Ross Boatright  
Type or Print Name

(Signature of Owner/Operator)

2/26/22 | 3/7/22

(Date)