

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 3.11.22	Date Received 3.17.22	AI Number
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: Liquor Store				
Address: 1500 East Main				
City: Tupleo		State: MS	Zip: 38804	
Site Location: 1500 East Main			Tel: 662-322-1908	
Building Size: appx 850 Sq Ft		# of Floors: 1	Age in Years: 50+	
Present Use: Vacant		Prior Use: Liquor Store		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Rodney Rodgers				
Address:				
City: Tupelo		State: MS	Zip:	
Contact: Rodney Rodgers			Tel: 662-322-1908	
ASBESTOS REMOVAL CONTRACTOR: EAC Environmental				
Address: 4546 Cal Steens Rd				
City: Caledonia		State: MS	Zip: 39740	
Contact: Ed Clay			Tel:	
Certification Number: ABC - 00005192			Expiration Date: 12-06-22	
OTHER OPERATOR: Hodges Construction				
Address: 1281 County Road 811				
City: Saltillo		State: MS	Zip: 38866	
Contact: Chad Rankin			Tel: 662-871-0082	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date: 01-17-22	
Inspector: Edward Clay		Certification Number: ABI-00006706	Expiration Date: 07-09-22	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Roofing, Ceiling, Flooring, Window Sealant				
Analyzed by Polarizing Light Microscopy (PLM)				
VII. QUANTITY OF RACM TO BE REMOVED: (Floor Tile and Mastic)				
Pipes (LN FT):		Surface Area (SQ FT): 850	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03-25-22			Complete: 03-25-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03-26-22			Complete: 04-02-22	

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 Dept. of Environmental Quality

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

Heavy eqpt

XII. 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 scrubbers, airless sprayer with water and surfactant, double bag abated materials

XIII. 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

Name: Waste Pro

Address: 1600 12th Street S

City: Columbus

State: MS

Zip: 39701

Contact Person: RuthAnn Faris

Tel: 662-328-5528

XIV. WASTE DISPOSAL SITE

Name: RoBo Landfill

Address: 6447 Wahalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edmonds

Tel: 662-793-4795

XV. 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):

XVI. 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:

XVII. 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:

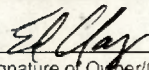
Unexpected Materials Found - Notify owner and MDEQ

Treat the material as friable and keep it wet

XVIII. 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


(Signature of Owner/Operator)

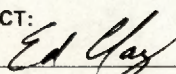
03-10-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward A. Clay

Type or Print Name


(Signature of Owner/Operator)

03-10-22

(Date)