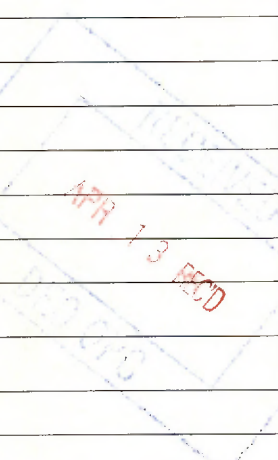


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

11 Rev 11

Operator Project #	Postmark <i>4.16.2022</i>	Date Received (MDEQ use only) <i>4.13.2022</i>	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R = Revision #2 (revision # 1 on 3-02-2022)				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D = Demo				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Vacant Residential Structure				
Address 8923 Sandidge Rd				
City: Olive Branch	State: MS	Zip: 38654		
Site Location: Sandidge at Cockrum Rd.		Tel: 901-276-5459		
Building Size 1900 Sq. Ft.	# of Floors: 1	Age in Years: 50 + / -		
Present Use: Vacant	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Quik Trip Corp.				
Address: 4705 South 129th East Ave.				
City: Tulsa	State: OK	Zip: 74134		
Contact: Kyla Rudd		Tel: 918-615-7233		
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.				
Address: P.O. Box 343012				
City: Memphis	State: TN	Zip: 38184-3012		
Contact: Dwight Grayson		Tel: 901-849-7711		
OTHER OPERATOR: Chandler Demolition Co., Inc.				
Address: 1223 North Watkins St.				
City: Memphis	State: TN	Zip: 38108		
Contact: David Chandler				
V. IS ASBESTOS PRESENT? (Yes/No) No Specialty Abatement completed removal and disposal of all ACM				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Audrey C Price bulk sampling and PLM analytical 10-7-2021				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<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	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-2-2022 <i>M-F</i>				Complete: 5-31-2022



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

MECHANICALLY DEMOLISH STRUCTURES WITH A HYDRAULIC EXCAVATOR

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

Spray water from nearby hose to prevent nuisance dust along with prompt clean up of debris

XII. WASTE TRANSPORTER #1 Previously completed by Specialty Abatement Services Inc. for ACM waste

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2 Chandler Demolition Co., Inc. C & D waste

Name: Chandler Demolition Co., Inc.

Address: 1223 North Watkins St.

City: Memphis

State: TN

Zip: 38108

Contact Person: David Chandler

Tel:

XIII. WASTE DISPOSAL SITE

Name: Railroad Avenue Disposal

Address: 11250 MS 178

City: Olive Branch

State: MS

Zip: 38654

Tel: 662-895-7625

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

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:

None

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

Cease all work, isolate ACM material in regulated area w/ red asbestos tape/signs, contact MDEQ

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.

David Chandler

Type or Print Name

(Signature of Owner/Operator)

4-12-2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

David Chandler

Type or Print Name

(Signature of Owner/Operator)

4-12-2022

(Date)