

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) 4.16.2022	Date Received 4.20.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 0				
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: WHOLESALE MATTRESS WAREHOUSE				
Address: 1101 Hwy 82 E				
City: Indianola		State: MS	Zip: 38751	
Site Location: 1101 Hwy 82 E			Tel: 662-887-5959	
Building Size: Appx 20,000 sq ft		# of Floors: 1	Age in Years: 50+	
Present Use: VACANT		Prior Use: MATTRESS WAREHOUSE		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: JACKS FAMILY RESTAURANTS LP				
Address: 124 W OXMOOR RD.				
City: BIRMINGHAM		State: AL	Zip: 35209	
Contact: JASON BREWER			Tel: 205-413-3723	
ASBESTOS REMOVAL CONTRACTOR: EAC ENVIRONMENTAL				
Address: 4546 CAI STEENS RD				
City: CALEDONIA		State: MS	Zip: 39740	
Contact: ED CLAY			Tel: 662-386-6386	
Certification Number: ABC-00005192			Expiration Date: 12-06-22	
OTHER OPERATOR: STAPLES CONSTRUCTION				
Address: 511 W PARK AVENUE				
City: GREENWOOD		State: MS	Zip: 38930	
Contact: TYLER STAPLES			Tel: 662-455-3125	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 10-13-21	
Inspector: LAMAR GILLAND		Certification Number: ABJ-00001036	Expiration Date: 02-09-23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: BLACK MORTAR, CMU, DRYWALL, PLASTER, ROOFING, FLOORING, SEALANTS				
VII. QUANTITY OF PACM TO BE REMOVED: Approx 1,000 sq ft - WINDOW SEALANT				
SEALANT Pipes (LN FT): Appx 1,000		Surface Area (SQ FT):	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: 04-30-22 Complete: 05-01-22				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05-02-22 Complete: 05-16-22				

RECEIVED
APR 20 2022
Dept. of Environmental Quality

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

DEMO WITH HEAVY EQUIPMENT

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, WET METHOD; DOUBIEBAG

XIII. WASTE TRANSPORTER #1

Name: EAC

Address: 4546 CAI STEENS RD

City: CALEDONIA

State: MS

Zip: 39740

Contact Person: ED CLAY

Tel: 662-386-6386

WASTE TRANSPORTER #2

Name: WASTE PRO

Address: 1600 12th ST. S.

City: COLUMBUS

State: MS

Zip: 39701

Contact Person: ROTHANN FARIS

Tel: 662-328-5528

XIV. WASTE DISPOSAL SITE

Name: ROBO LANDFILL

Address: 6447 WAHALAK RD.

City: SCOOBA

State: MS

Zip: 39358

Contact Person: ROLAND EDMONDS

Tel: 662-798-4795

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:

CONTAIN MATERIAL, CONTACT OWNER + MDEQ

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 CLAY

Type or Print Name

Ed Clay

(Signature of Owner/Operator)

04-15-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDWARD CLAY

Type or Print Name

Ed Clay

(Signature of Owner/Operator)

04-15-22

(Date)