
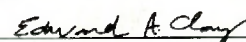


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 6/17/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Former Gas Station-Store				
Address: 1023 Old Brandon Hwy				
City: Flowood		State: MS	Zip: 39232	
Site Location: Same as Above			Tel: 731-234-5402	
Building Size: Appx 1,200		# of Floors: 1	Age in Years: 50+	
Present Use: Vacant		Prior Use: Gas Station-Store		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: North MS Oil Company				
Address: 447 E Main Street				
City: Tupelo		State: MS	Zip: 38804	
Contact: Bradley Hayes			Tel: 731-234-5402	
ASBESTOS REMOVAL CONTRACTOR: EAC Environmental				
Address: 4546 Cal Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Edward Clay			Tel: 662-386-6386	
Certification Number: ABC-00005192			Expiration Date: 12-06-22	
OTHER OPERATOR: Hayes & Sons				
Address: 820 Stegall Road				
City: Lexington		State: TN	Zip: 38351	
Contact: Dwayne Waddle			Tel: 731-614-5707	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 06-11--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:				
Flooring, mastic, covebase, sealant, siding PLM Method				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): Appx 400	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: 06-30-22			Complete: 06-30-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07-05-22			Complete: 07-08-22	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Heavy eqpt will be used to demo once the ACM has been removed		
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, use air scrubbers, airless sprayer with surfactant, wet method removal		
XIII. WASTE TRANSPORTER #1		
Name: EAC		
Address: 4546 Cal 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: RuthAnn 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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER: Contain material, notify owner and 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		06-16-22
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Edward Clay		06-16-22
Type or Print Name	(Signature of Owner/Operator)	(Date)