

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<input checked="" type="checkbox"/> Mail Only <input type="checkbox"/> Personal <input type="checkbox"/> Hand Delivery		Postmark (mail only)		Date Received: 12.8.2022		Attention:	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Revised							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation							
III. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name: Danver's Restaurant							
Address: 1101 West Main Street							
City: Tupelo				State: MS		Zip: 38801	
Site Location:							
Building Size: 3,800 s.f.				# of Floors: 1		Age in Years: 30+	
Present Use: Restaurant				Prior Use: N/A			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Danver's							
Address: 1101 West Main Street							
City: Tupelo				State: MS		Zip: 38801	
Contact: Larry Wade				Tel: 662/842-3774			
ASBESTOS REMOVAL CONTRACTOR: Graham Roofing Inc							
Address: 680 West Tibbee Road							
City: West Point				State: MS		Zip: 39773	
Contact: Sunni Parker				Tel: 662/492-9555			
Certification Number: ABC-00011163				Expiration Date: 07/06/2023			
OTHER OPERATOR:							
Address:							
City:				State:		Zip:	
Contact:				Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):							
WAS ASBESTOS PRESENT? (Yes/No): Yes				Inspection Date: 05/21/2022			
Inspector: Ron Robinson				Certification Number: ABI-00001499		Expiration Date: 02/21/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
Built-up roofing, penetration flashing and roof cap flashing; PLM technique							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT):		Surface Area (SQ FT): 3,800 s.f.		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: 12/19/2022				Complete: 12/30/2022			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/19/2022				Complete: 12/30/2022			

mailed on
11/30

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:	
Top layer of roofing will be removed; ACM will be disposed of at <u>Three Rivers</u>	
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:	
Wet method and double lined dumpsters	
XIII. WASTE TRANSPORTER #1	
Name: <u>Graham Roofing Inc</u>	
Address: <u>680 West Tibbee Road</u>	
City: <u>West Point</u>	State: <u>MS</u>
Zip: <u>39773</u>	
Contact Person: <u>Sunni Parker</u>	
Tel: <u>662/492-9555</u>	
WASTE TRANSPORTER #2	
Name:	
Address:	
City:	State:
Zip:	
Contact Person:	
Tel:	
XIV. WASTE DISPOSAL SITE	
Name: <u>Three Rivers Regional Landfill</u>	
Address: <u>1904 MS-76</u>	
City: <u>Pontotoc</u>	State: <u>MS</u>
Zip: <u>38863</u>	
Contact Person: <u>Lindsey Shirley</u>	
Tel: <u>662/488-0444</u>	
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:	
Wet method; dispose of in double lined dumpster	
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.	
<u>Sunni Parker</u> <small>Type or Print Name</small>	<u>Sunni Parker</u> <small>(Signature of Owner/Operator)</small>
<u>11/30/2022</u> <small>(Date)</small>	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:	
<u>Sunni Parker</u> <small>Type or Print Name</small>	<u>Sunni Parker</u> <small>(Signature of Owner/Operator)</small>
<u>11/30/2022</u> <small>(Date)</small>	