

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 1-25-23	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): R			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: Surgery Associates			
Address: 440 Pegram Drive			
City: Tupelo	State: MS	Zip: 38804	
Site Location: 440 Pegram Drive			Tel:
Building Size: appx 2,500	# of Floors: 1	Age in Years: 40+	
Present Use: Vacant	Prior Use: Medical Facility		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Surgery Associates PA			
Address: 440 Pegram Drive			
City: Tupelo	State: MS	Zip: 38804	
Contact: Nathan Mills	Tel: 662-316-4103		
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: 11-05-23	
OTHER OPERATOR: M&N Construction			
Address: 499 Gloster Creek Village			
City: Tupelo	State: MS	Zip: 38804	
Contact: Brent McMillin	Tel: 662-231-1968		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No			
WAS ASBESTOS PRESENT? (Yes/No): ASSUMED-Black Mastic		Inspection Date: N/A	
Inspector: N/A	Certification Number: N/A	Expiration Date: N/A	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
No Samples Taken- Black Mastic Assumed			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT): appx 900	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: 02-07-23		Complete: 02-07-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02-08-23		Complete: 05-03-23	

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

New Flooring will be installed once "Assumed" Black mastic and the VCT it's adhered to are 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, set up air scrubbers and airless sprayer with surfactant, Wet Method Removal with hand tools, double bag in 6 mil poly

XIII. WASTE TRANSPORTER #1

Name: EAC

Address: 4546 Cal Steens Road

City: Caledonia

State: MS

Zip: 39740

Contact Person: Edward Clay

Tel:

WASTE TRANSPORTER #2

Name: Waste Pro

Address: 1600 12th Street South

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: 662-798-4795

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 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 A. Clay

Type or Print Name

Edward A. Clay
(Signature of Owner/Operator)

01-25-23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward A. Clay

Type or Print Name

Edward A. Clay
(Signature of Owner/Operator)

01-25-23

(Date)