
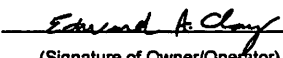


Emerg.

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 4-7-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>			
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: Enviva Pellets Office			
Address: 205 Martin Luther King Boulevard			
City: Amory	State: MS	Zip: 38821	
Site Location: Admin Office			Tel:
Building Size: Appx 3,000	# of Floors: 1	Age in Years: 50+	
Present Use: Vacant	Prior Use: Admin Office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Enviva Corp			
Address: 7200 Wisconsin Avenue STE 1000			
City: Bethesda	State: MD	Zip: 208144844	
Contact: Carlisle Sewell	Tel: 984-789-3665		
ASBESTOS REMOVAL CONTRACTOR: Edward Clay - 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: 11-05-2023		
OTHER OPERATOR: Cotton Global Disaster Solutions			
Address: 3201 International Airport Dr, Suite 600			
City: Charlotte	State: NC	Zip: 28208	
Contact: Preston Matthews	Tel: 843-625-9227		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 03/29/2023	
Inspector: Rashael Hawkins	Certification Number: ABI 00011913	Expiration Date: 08-10-23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Drywall, Ceiling Tile, Carpet, Mastic, Floor Tile, and Insulation PLM			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT): Appx 300 VCT	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: 04.08.2023		Complete: 04.08.2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04.10.2023		Complete: 04.12.2023	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Demo with heavy equipment post asbestos abatement		
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 scrubber, airless sprayer with surfactant, wet method removal, double bag, 6 mil poly		
XIII. WASTE TRANSPORTER #1		
Name: EAC Environmental		
Address: 4546 Cal-Steens Road		
City: Caledonia	State: MS	Zip: 39740
Contact Person: Edward Clay	Tel: 662-386-6386	
WASTE TRANSPORTER #2 Waste Pro		
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 RoBo Landfill		
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: David Moore	Title: City of Amory Building Inspector	
Authority: Building Inspector		
Date of Order (MM/DD/YY): 04.04.2023	Date Ordered to Begin (MM/DD/YY): 04.05.2023	
XVI. FOR EMERGENCY RENOVATIONS:		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
Tornado Damage		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
The building was severely damaged during the tornado....roof etc.		
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, 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 A. Clay		04-07-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Edward A. Clay		04-07-23
Type or Print Name	(Signature of Owner/Operator)	(Date)