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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 4.13.2023	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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Pontotoc Bank - Vacant				
Address: 158 MS-South				
City: Pontotoc		State: MS	Zip: 38863	
Site Location: Hwy 15 North			Tel: N/A	
Building Size: 5000 sqft		# of Floors: 1	Age in Years: 30	
Present Use: Vacant		Prior Use: Bank		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Tommy Aydha				
Address: Hwy 15 North				
City: Pontotoc		State: MS	Zip: 38863	
Contact: Tommy Aydha			Tel: 662.509.2651	
ASBESTOS REMOVAL CONTRACTOR: Demolition Specialist, LLC				
Address: P.O. Box 103				
City: Taylor		State: MS	Zip: 38673	
Contact: Ross Boatright			Tel: 662.816.8928	
Certification Number: ABC - 00007778			Expiration Date: 6/23/2023	
OTHER OPERATOR: N/A				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 4/3/2023	
Inspector: Ross Boatright		Certification Number: ABI-00007855	Expiration Date: 4/21/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Mastic - Light Microscopy (PLM) via CA Labs, Baton Rouge, LA				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 450	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: N/A			Category II: Floor Mastic	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/17/23 Complete: 4/28/23				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/28/23 Complete: 5/10/23				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Trackhoe - Wet method. Burrito wrap & disposal at Three Rivers Landfill

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Plastic Door Seal & Water

XIII. WASTE TRANSPORTER #1

Name: Demolition Specialist, LLC

Address: P.O. Box 103

City: Taylor

State: MS

Zip: 38673

Contact Person: Ross Boatright

Tel: 662.816.8925

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Three Rivers Landfill

Address: 1904 Pontotoc Parkway West

City: Pontotoc

State: MS

Zip: 38863

Contact Person:

Tel: 662-488-0444

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

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:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
N/A

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 & burrito/bag

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.

Ross Boatright

Type or Print Name

(Signature of Owner/Operator)

4/12/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Linnea Thornton

Type or Print Name

(Signature of Owner/Operator)

4/12/2023

(Date)