

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 4-21-23	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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Proposed Express Oil Change				
Bldg. Name: Former Donald's Donut & Coffee				
Address: 2022 Highway 72				
City: Corinth		State: MS	Zip: 38834	
Site Location: Restroom & Service Area				Tel:
Building Size: 1,830 SF		# of Floors: 1	Age in Years: 43	
Present Use: Vacant		Prior Use: Donut/Coffee Shop		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Express Oil Change, LLC				
Address: 1880 South Park Drive				
City: Birmingham		State: AL	Zip: 35244	
Contact: Andy Golden			Tel: 205-945-1771	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock		State: AR	Zip: 72118	
Contact: Andrew Ables			Tel: 601-559-2185	
Certification Number: ABC-00009502			Expiration Date: 9/30/2023	
OTHER OPERATOR: Buz Plaxico Dozer Service, Inc. (Demo Contractor)				
Address: 57 Ridgeview Drive				
City: Corinth		State: MS	Zip: 38834	
Contact: Buz Plaxico			Tel: 662-287-4221	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 10/31/2021	
Inspector: Bill Penick		Certification Number: AB-00009048	Expiration Date: 6/11/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM Bulk Samples Floor tile and Mastic 835 SF				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 835 SF				
Category I: Floor Tile/Mastic			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/5/2023			Complete: 5/9/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/10/2023			Complete: 6/10/2023	

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

Materials listed to be removed by hand so facility can be demolished. (Approx. 835 SF of Floor T/M.)

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

Materials will be wetted, during and after abatement, properly packaged, labeled and transported to a class 1 landfill for disposal.

XIII. WASTE TRANSPORTER #1

Name: Snyder Environmental & Construction

Address: 7705 Northshore Place

City: North Little Rock

State: AR

Zip: 72118

Contact Person: Andrew Ables

Tel: 601-559-2185

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIV. WASTE DISPOSAL SITE

Name: Alternative Waste Management

Address: 43 White City Road

City: Mayflower

State: AR

Zip: 72106

Contact Person: N/A

Tel: 501-851-1171

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

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

XVI. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

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 the unexpected, make area safe and notify DEQ..

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.

Barbara McElroy

Type or Print Name

Barbara McElroy

(Signature of Owner/Operator)

4/21/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

Barbara McElroy

(Signature of Owner/Operator)

4/21/2023

(Date)