

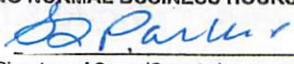

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Rev

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 <b>4-7-23</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>Revised</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>Renovation</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Danver's Restaurant</b>				
Address: <b>1101 West Main Street</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38801</b>	
Site Location:			Tel:	
Building Size: <b>3,800 s.f.</b>		# of Floors: <b>1</b>	Age in Years: <b>30+</b>	
Present Use: <b>Restaurant</b>		Prior Use: <b>N/A</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Danver's</b>				
Address: <b>1101 West Main Street</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38801</b>	
Contact: <b>Larry Wade</b>			Tel: <b>662/842-3774</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Graham Roofing Inc</b>				
Address: <b>680 West Tibbee Road</b>				
City: <b>West Point</b>		State: <b>MS</b>	Zip: <b>39773</b>	
Contact: <b>Sunni Parker</b>			Tel: <b>662/492-9555</b>	
Certification Number: <b>ABC-00011163</b>		Expiration Date: <b>07/06/2023</b>		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>05/21/2022</b>	
Inspector: <b>Ron Robinson</b>		Certification Number: <b>ABI-00001499</b>	Expiration Date: <b>02/21/2023</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<b>Built-up roofing, penetration flashing and roof cap flashing; PLM technique</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): <b>3,800 s.f.</b>	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: <b>4/10/2023</b>		Complete: <b>4/15/2023</b>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>4/10/2023</b>		Complete: <b>4/21/2023</b>		



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 <span style="color:blue; font-family: cursive;">Three Rivers</span>		
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: <b>Graham Roofing Inc</b>		
Address: <b>680 West Tibbee Road</b>		
City: <b>West Point</b>	State: <b>MS</b>	Zip: <b>39773</b>
Contact Person: <b>Sunni Parker</b>		Tel: <b>662/492-9555</b>
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: <b>Three Rivers Regional Landfill</b>		
Address: <b>1904 MS-76</b>		
City: <b>Pontotoc</b>	State: <b>MS</b>	Zip: <b>38863</b>
Contact Person: <b>Lindsey Shirley</b>		Tel: <b>662/488-0444</b>
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.		
<b>Sunni Parker</b> <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	<b>4/7/2023</b> <small>(Date)</small>
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<b>Sunni Parker</b> <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	<b>4/7/2023</b> <small>(Date)</small>