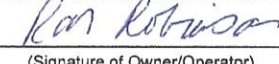



MAP

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 8.4.2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> 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: Stanley Black & Decker				
Address: 5485 MS Hwy 145 South				
City: Verona		State: MS	Zip: 38879	
Site Location: Office Building			Tel: (662) 566-2332	
Building Size: Office Bldg - 30,000 S.F.		# of Floors: 1	Age in Years: Over 25	
Present Use: Plant		Prior Use: Plant		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Stanley Black & Decker				
Address: 5485 MS Hwy 145 South				
City: Verona		State: MS	Zip: 38879	
Contact: Ron Bateman			Tel: 662-842-4788	
ASBESTOS REMOVAL CONTRACTOR: Environmental Evaluation & Control, Inc.				
Address: P.O. Box 5422				
City: Columbus		State: MS	Zip: 39704	
Contact: Ron Robinson			Tel: 662-328-2286	
Certification Number: ABC-00007293			Expiration Date: 03-29-24	
OTHER OPERATOR: Sanderson Construction				
Address: P.O. Box 393				
City: Amory		State: MS	Zip: 38821	
Contact: Ron Bateman			Tel: 662-842-4788	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Assumed				
WAS ASBESTOS PRESENT? (Yes/No): ASSUMED			Inspection Date:	
Inspector:	Certification Number:		Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed				
VII. QUANTITY OF RACM TO BE REMOVED: 1100 S.F. Floor Tile & Mastic				
Pipes (LN FT):	Surface Area (SQ FT):		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: 08-18-23			Complete: 08-19-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 08-21-23			Complete: 9-11-23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of asbestos containing materials using wet method.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Strip & Removal, Wet Method, Double Bagging		
XIII. WASTE TRANSPORTER #1		
Name: Environmental Evaluation & Control, Inc.		
Address: P.O. Box 5422		
City: Columbus	State: MS	Zip: 39704
Contact Person: Ron Robinson	Tel: 662-328-2286	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Big Sky Environmental		
Address: 5100 Flat Top Road		
City: Adamsville	State: AL	Zip: 35005
Contact Person:	Tel: 662-793-4795	
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: N/A		
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.		
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.		
Ron Robinson		08-04-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Ron Robinson		08-04-23
Type or Print Name	(Signature of Owner/Operator)	(Date)