

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 04-17-2024	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) <input type="radio"/> D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Previous Gas Station				
Address 520 Craft Street				
City: Holly Springs		State: MS	Zip: 38635	County: Marshall
Site Location: "			Tel: N/A	
Building Size 7500		# of Floors: 1	Age in Years: 50+	
Present Use: Vacant		Prior Use: Gas Station		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Robert McDonald				
Address: 9811 South IH35, Bldg 3, Ste 100				
City: Austin		State: TX	Zip: 78744	
Contact: Robert McDonald			Tel: 512-517-7337	
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:			Expiration Date:	
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: 12/17/2024	
Inspector: Ross Boatright		Certification Number: ABI-00007855	Expiration Date: 04/06/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Tile and mastic were tested using polarizing light microscopy (PLM / Stereomicroscopy bulk asbestos analysis) by CA Labs.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 200	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: Tile & Mastic			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/24/24			Complete: 04/26/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/26/2024			Complete: 05/02/2024	

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

Wet method to scrape, bag, and burrito wrap tile and mastic. Roll off container to appropriate landfill

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

Water / Wet the area and contain any and all contaminated water and ACM materials.

XIII. WASTE TRANSPORTER #1

Name: Demolition Specialist, LLC

Address: P.O. Box 103

City: Taylor

State: MS

Zip: 38673

Contact Person: Ross Boatright

Tel: 662.816.8928

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Three Rivers Landfill

Address: 1904 MS-76

City: Pontotoc

State: MS

Zip: 38863

Contact Person:

Tel:

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:

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:

Work will stop, and MDEQ procedures will be followed to contain and dispose of found ACM's.

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)

04/17/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)