MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: ⊠Email □Mail □Hand Delivery	Postmark (mail only)		Date Received 01-19-2023		Al 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): R							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):							
BlueSky #401 Service Station							
Address: 758 Brookway Boulevard							
City: Brookhaven		State: MS		Zip: 39601			
Site Location:				Tel: 601-833-8534			
Building Size: Unknown		# of Floors: 1		Age in Years: Unknown			
Present Use: Service Station		Prior Use: Unknown					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Craddock Oil Company							
Address: P.O. Box 1430							
City: McComb		State: MS		Zip: 39648			
Contact: Clayton Hooks				_{Tel:} 601-684-5671			
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC							
Address: 7705 Northshore Place							
City: North Little Rock	North Little Rock s		State: AR		_{Zip:} 72118		
Contact: Justin Dixon	Tel: 501-801-277		76				
Certification Number: ABC00009502			Expiration Date: 9/30/2023				
OTHER OPERATOR: Commercial Construction & Maintenance, Inc. (Demolition Contractor)							
Address: 5690 Pine Lane Circle							
_{City:} Bessemer		State: AL		Zip: 35022			
Contact: Tim Ross		Tel: 662-528-1372		72			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes							
WAS ASBESTOS PRESENT? (Yes/No): Yes In			Inspectio	ection Date: 12/20/2022			
Inspector: Mr. Kirk L Giessinger Certification Number: ABI-00002367 Expiration Date: 2/15/2023					_{oate:} 2/15/2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM Bulk Samples (approx. 850 SF of non-friable mastic associated with 12"x12" floor tile/mastic)							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT):	Surface Area (S	Q FT):		/olume of Facility Cor	nponents (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 850 SF							
Category I: Category II: Floor Tile/Mastic							
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/2/2023 Complete: 2/3/2023							
x. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/6/2023 Complete: 3/31/2023							

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	ATION WORK, AND METHOD	(S) TO BE USED:			
Materials listed to be removed by hand so facil	lity can be demolished.	(approx. 852 SF of 12x12 floor tile/mastic			
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OR RENOVATION SITE:	ING CONTROLS TO BE USE	TO PREVENT EMISSIONS OF ASBESTOS AT THE			
Materials will be wetted before, during and after abatement disposal.	nt, properly packaged, labele	ed and transported to a certified Class 1 landfill for			
XIII. WASTE TRANSPORTER #1					
Name: Snyder Environmental & Construction, LL	С				
Address: 7705 Northshore Place	· _• ···				
City: North Little Rock	State: AR	_{Zip:} 72118			
Contact Person: Justin Dixon		Tel: 501-801-2776			
WASTE TRANSPORTER #2 n/a					
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 Landfill					
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 AGEN	ICY, PLEASE IDENTIFY THE	AGENCY BELOW:			
Name: n/a	Title: n/a				
Authority: n/a					
Date of Order (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 NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLI					
Wet the unexpected, make the area safe and notify DEQ.					
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XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PI ONSITE DURING THE DEMOLITION OR RENOVATION, ANI THIS PERSON WILL BE AVAILABLE FOR INSPECTION DU	DEVIDENCE THAT THE REQ	UIRED TRAINING HAS BEEN ACCOMPLISHED BY			
Barbara McElroy	Barbara Mcc	Troy 1/19/2023			
Type or Print Name	(Signature of Owner/Operator)	(Date)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORR		Th			
Barbara McElroy Tupo or Brist Name	Barbara Mc				
Type or Print Name	(Signature of Owner/Operator)	(Date)			