

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 04-01-2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> R			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: <u>Gravlee Lumber</u>			
Address: <u>418 S Spring Street</u>			
City: <u>Tupelo</u>		State: <u>MS</u>	Zip: <u>38804</u>
Site Location: <u>Front Section of Building</u>			Tel: <u>662-231-8816</u>
Building Size: <u>Appx 5,000 Sq Ft</u>		# of Floors: <u>1</u>	Age in Years: Appx <u>75+</u>
Present Use: <u>Vacant</u>		Prior Use: <u>Lumber Company</u>	
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME <u>City of Tupelo</u>			
Address: <u>71 East Troy Street</u>			
City: <u>Tupelo</u>		State: <u>MS</u>	Zip: <u>38804</u>
Contact: <u>Lynda Ford</u>			Tel: <u>662-231-8563</u>
ASBESTOS REMOVAL CONTRACTOR: <u>Edward Clay - EAC Environmental</u>			
Address: <u>4546 Cal-Steens Road</u>			
City: <u>Caledonia</u>		State: <u>MS</u>	Zip: <u>39740</u>
Contact: <u>Edward Clay</u>			Tel: <u>662-386-6386</u>
Certification Number: <u>ABC-00005192</u>		Expiration Date: <u>11-03-24</u>	
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:			Tel:
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):			
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>		Inspection Date: <u>08-02-23</u>	
Inspector: <u>Edward Clay</u>		Certification Number: <u>ABI-00006706</u>	Expiration Date: <u>06-11-24</u>
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
<u>Ceiling texture, Linoleum, VCT floor Tile</u>			
<u>Materials analyzed by PLM</u>			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT): <u>Appx 4,000</u>		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: <u>04-12-24</u> Complete: <u>04-22-24</u>			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			

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

Using "Wet Method" the ACM will be removed with hand tools

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

Containment, Negative Air Machines, Airless Sprayer using water and surfactant for Wet Method Removal, Wrap Ceiling Material in layers of 6mil poly, double bag flooring in 6 mil poly

XIII. WASTE TRANSPORTER #1

Name: Burns Waste

Address: 57 Burns Drive

City: Columbus

State: MS

Zip: 39702

Contact Person: Raygan Gibson

Tel: 662-574-2315

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: RoBo Landfill

Address: 6447 Wahalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edmonds

Tel: 662-798-4795

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:

Contain material, notify owner, and MDEQ

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.

Edward A. Clay

Type or Print Name

Edward A. Clay

(Signature of Owner/Operator)

04-01-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward A. Clay

Type or Print Name

Edward A. Clay

(Signature of Owner/Operator)

04-01-24

(Date)