

# 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 11/27/2024	AI Number 85940
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: SE Timber Office				
Address: 204 PCA Road				
City: Ackerman		State: MS	Zip: 39735	
Site Location: Hallway and offices			Tel: 662-285-5121	
Building Size: Appx 3,000 SF		# of Floors: 1	Age in Years: 50+	
Present Use: Vacant		Prior Use: Office space		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: South East Timber Products				
Address: 204 PCA Road				
City: Ackerman		State: MS	Zip: 39735	
Contact: Mike Dextrase			Tel: 601-331-0630	
ASBESTOS REMOVAL CONTRACTOR: Edward Clay - EAC Environmental				
Address: 4546 Cal-Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Edward Clay			Tel: 662-386-6386	
Certification Number: ABC-00005192			Expiration Date: 11-03-2024 11/04/2025	
OTHER OPERATOR: D7 Pneumatics, LLC				
Address: 1700 10th Ave				
City: Jasper		State: AL	Zip: 35501	
Contact: Tom DaSilva			Tel: 250-981-8558	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 08-01-23	
Inspector: Will Faulkner		Certification Number: ABI-00011986	Expiration Date: 09-28-23 9/5/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floor Tile, Mastic, Pipe Insulation, Roofing Shingles and Felt.... PLM Analytical Method				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): Appx 2,200		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
<del>IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-06-24</del>			<del>Complete: 12-07-24</del>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12-09-24			Complete: 01-09-24	

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

Remove floor tile with floor scrapers (Ride-on, Walk behind and hand held)  
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:**

Contain work area, use air scrubber, airless sprayer with surfactant, wet method removal, double bag, 6 mil poly

**XIII. WASTE TRANSPORTER #1**

Name: EAC Environmental

Address: 4546 Cal-Steens Road

City: Caledonia

State: MS

Zip: 39740

Contact Person: Edward Clay

Tel: 662-386-6386

**WASTE TRANSPORTER #2**

Name: Waste Pro

Address: 1600 12th Street South

City: Columbus

State: MS

Zip: 39701

Contact Person: RuthAnn Faris

Tel: 662-328-5528

**XIV. WASTE DISPOSAL SITE** RoBo Landfill

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 contact 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)

11-27-24

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS**

Edward A. Clay

Type or Print Name

*Edward A. Clay*

(Signature of Owner/Operator)

11-27-24

(Date)