

# 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 <b>3/27/2025</b>	AI 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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Vacant House				
Address: 1806 Old Aberdeen RD				
City: Columbus		State: MS	Zip: 39705	
Site Location: Kitchen, Living Room			Tel: 662-574-9477	
Building Size: Appx 2,200 Sq Ft		# of Floors: 1	Age in Years: Appx 50	
Present Use: Vacant		Prior Use: Residence		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Cook Out Restaurants				
Address: 15 Laura Lane Suite 300				
City: Thomasville		State: NC	Zip: 27360	
Contact: Kyle Ulander			Tel: 662-321-9173	
ASBESTOS REMOVAL CONTRACTOR: Ed 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: 11-04-25	
OTHER OPERATOR: JB Construction				
Address: 596 Leonard RD				
City: Millport		State: AL	Zip: 35576	
Contact: Jeremy Burns			Tel 662-574-9477	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 03-03-25	
Inspector: Tal Partridge		Certification Number ABI-00011381	Expiration Date: 04-10-25 <b>9/10/2025</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS :				
Roof shingle, Window glazing, Vinyl flooring, Mastic, Drywall from ceiling and walls Analyzed by PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): Appx 500		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: 04-04-25			Complete: 04-04-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04-07-25			Complete: 04-11-25	

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

The structure will be demolished with heavy equipment

**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 Scrubbers, and Airless sprayer with water and surfactant for Wet Method Removal, Double Bag ACM in 6 mil poly

**XIII. WASTE TRANSPORTER #1**

Name: EAC Environmental

Address: 4564 Cal Steens RD

City: Caledonia

State: MS

Zip: 39740

Contact Person: Ed Clay

Tel: 662-386-6386

**WASTE TRANSPORTER #2**

Name: Waste Pro

Address: 1600 S 12th ST

City: Columbus

State: MS

Zip: 39701

Contact Person: RuthAnn Farris

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:

Cease Removal, contain material, notify owner and MDEQ

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 Clay

*Ed Clay*

03-27-25

Type or Print Name

(Signature of Owner/Operator)

(Date)

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

Edward Clay

*Ed Clay*

03-27-25

Type or Print Name

(Signature of Owner/Operator)

(Date)