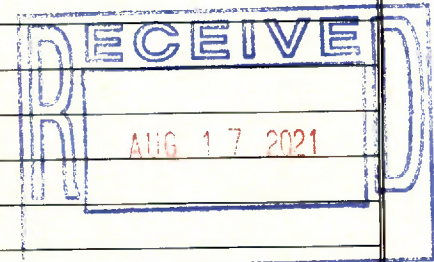


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 8/10/2021	Date Received (MDEQ use only) 8/17/2021	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: One Story Masonry Block Building					
Address: 317 South Main Street					
City: Water Valley	State: MS	Zip: 38965			
Site Location:			Tel:		
Building Size: 4,964 sq.ft.	# of Floors: 1	Age in Years: Over 20			
Present Use: Not in use	Prior Use: Body Shop				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Jack's Family Restaurant					
Address: 317 South Main Street					
City: Water Valley	State: MS	Zip: 38965			
Contact: Art Powell			Tel: 601-818-3035		
REMOVAL CONTRACTOR Edward Clay					
Address: 4546 CAI Stevens Road					
City: Caledonia	State: MS	Zip: 39740			
Contact: Edward Clay			Tel: 662-242-7267		
OTHER OPERATOR: James A. Hodges Construction Inc.					
Address: 1281 County Road 811					
City: Saltillo	State: MS	Zip: 38866			
Contact: John Oakes					
V. IS ASBESTOS PRESENT? (Yes/No) Yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PLM, Lamar Gilliland, 1-20-2021					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes					Ln Ft: Ln M:
Surface Area 100 sq.ft.		Linoleum			Sq Ft: X Sq M:
Vol RACM Off Facility Component					Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/24/2021				Complete: 8/24/2021	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/25/2021				Complete: 8/29/2021	



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

Tear down existing structures using heavy equipment

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

per regulations of MDEQ

XII. WASTE TRANSPORTER #1

Name: EAC Enviromental

Address: 4546 CAI Stevens Road

City: Caledonia

State: MS

Zip: 39740

Contact Person: Edward Clay

Tel: 662-242-7267

WASTE TRANSPORTER #2

Name: James A. Hodges Construction Inc.

Address: 1281 County Road 811

City: Saltillo

State: MS

Zip: 38866

Contact Person: John Oakes

Tel: 662-871-3418

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Landfill

Address: 1904 HWY 76W

City: Pontotoc

State: MS

Zip: 38863

Tel: 662-488-0444

XIV. 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):

XV. 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:

XVI. 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:

Stop work and contact MDEQ

XVII. 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.

John Oakes

Type or Print Name

(Signature of Owner/Operator)

8/10/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Oakes

Type or Print Name

(Signature of Owner/Operator)

8/10/2021

(Date)