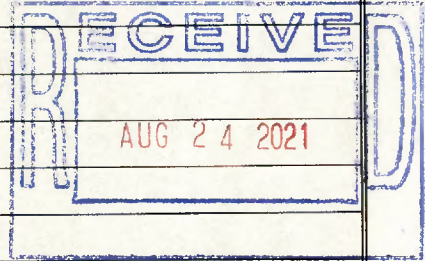


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <b>8/20/21</b>	Date Received (MDEQ use only) <b>8/24/21</b>	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>House</b>				
Address: <b>107 Colonel Muldrow</b>				
City: <b>Starkville</b>	State: <b>MS</b>	Zip: <b>39759</b>		
Site Location: <b>107 Col Muldrow</b>			Tel:	
Building Size: <b>appx 1,200 sq ft</b>	# of Floors: <b>1</b>	Age in Years: <b>50+</b>		
Present Use: <b>Vacant</b>	Prior Use: <b>Rental Home</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>MULDROW PROPERTIES, LLC</b>				
Address: <b>ONE HUNTER HENRY BLVD</b>				
City: <b>MISSISSIPPI STATE</b>	State: <b>MS</b>	Zip: <b>39762</b>		
Contact: <b>JANET CARRAWAY</b>	Tel: <b>662-325-3468</b>			
REMOVAL CONTRACTOR <b>EAC Environmental</b>				
Address: <b>4546 Cal Steens Rd</b>				
City: <b>Caledonia</b>	State: <b>MS</b>	Zip: <b>39740</b>		
Contact: <b>Ed Clay</b>	Tel: <b>662-386-6386</b>			
OTHER OPERATOR: <b>Burns Dirt Construction</b>				
Address: <b>57 Burns Dr.</b>				
City: <b>Columbus</b>	State: <b>MS</b>	Zip: <b>39702</b>		
Contact: <b>Nic Parish</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Method: <b>PLM</b> Inspectors: <b>Edward A. Clay, BB Vanlandingham</b> Date: <b>12-21-20</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes				Ln Ft:      Ln M:
Surface Area	Transite			Sq Ft: <b>1,200</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>09-03-21</b> Complete: <b>09-03-21</b>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>09-06-21</b> Complete: <b>09-07-21</b>				





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

**Heavy Equipment used for demolition**

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

Contain area, Air Scrubber, Hand tools, Wet demo, Double bag

XII. WASTE TRANSPORTER #1

Name: **EAC**

Address: **4546 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 Ave**

City: **Columbus**

State: **MS**

Zip: **30701**

Contact Person: **RuthAnn Faris**

Tel: **662-328-5528**

XIII. WASTE DISPOSAL SITE

Name: **RoBo Landfill**

Address: **6447 Wahalak Rd**

City: **Scooba**

State: **MS**

Zip: **39358**

Tel: **662-793-4750**

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

**Take proper precautions, notify owner and 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.

Edward Clay

*Ed Clay*  
(Signature of Owner/Operator)

08-18-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward Clay

*Ed Clay*  
(Signature of Owner/Operator)

08-18-21

(Date)