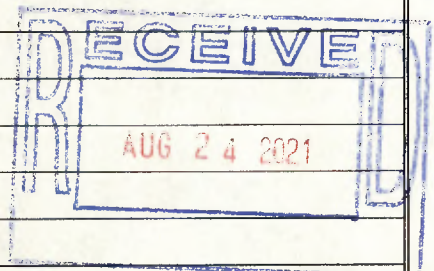


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 8/20/21	Date Received (MDEQ use only) 8/24/21	Notification # (MDEQ use only)	
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: House				
Address 111 Colonel Muldrow				
City: Starkville	State: MS	Zip: 39759		
Site Location: 111 Col Muldrow			Tel:	
Building Size: appx 1,200 sq ft	# of Floors: 1	Age in Years: 50+		
Present Use: Vacant	Prior Use: Rental Home			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: MULDROW PROPERTIES				
Address: ONE HUNTER HENRY BLVD				
City: MISSISSIPPI STATE	State: MS	Zip: 39762		
Contact: JANET CARRAWAY	Tel: 662-325-3468			
REMOVAL CONTRACTOR EAC Environmental				
Address: 4546 Cal Steens Rd				
City: Caledonia	State: MS	Zip: 39740		
Contact: Ed Clay	Tel: 662-386-6386			
OTHER OPERATOR: Burns Dirt Construction				
Address: 57 Burns Dr.				
City: Columbus	State: MS	Zip: 39702		
Contact: Nic Parish				
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):				
Method: PLM Inspectors: Edward A. Clay, BB Vanlandingham Date: 12-21-20				
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	Linoleum/Transite			Sq Ft: 1,200 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09-03-21 Complete: 09-03-21				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09-06-21 Complete: 09-07-21				



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)