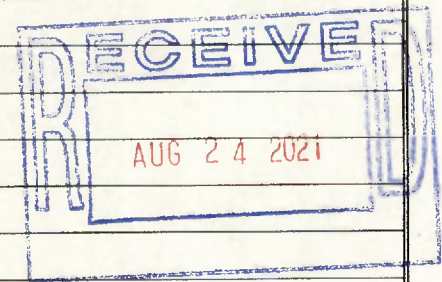


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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: 800 University Dr					
City: Starkville	State: MS	Zip: 39759			
Site Location: 800 Univ Dr			Tel:		
Building Size: 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: UNIVERSITY DRIVE PROPERTIES LLC					
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:		Nonfriable Asbestos Material Not To Be Removed			
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		Indicate Unit of Measurement Below			
		Category I	Category II	UNIT	
Pipes	RACM To Be Removed			Ln Ft:	Ln M:
Surface Area		Linoleum		Sq Ft: 80	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09-01-21 Complete: 09-01-21					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09-02-21 Complete: 09-03-21					



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 CRUMBLED, 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

Type or Print Name

Ed Clay
(Signature of Owner/Operator)

08-18-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward Clay

Type or Print Name

Ed Clay
(Signature of Owner/Operator)

08-18-21

(Date)