

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Brooksville Gardens 10				
Address 305 Everglade				
City: Starkville	State: MS	Zip: 39759		
Site Location: #10-B		Tel: 662-769-0037		
Building Size Appx 4,000 sq ft	# of Floors: 2	Age in Years: 50+		
Present Use: Vacant	Prior Use: Single Family Dwelling			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: City of Starkville				
Address: 110 W Main St				
City: Starkville	State: MS	Zip: 39759		
Contact: Mark McCurdy		Tel: 662-769-0037		
REMOVAL CONTRACTOR EAC Environmental				
Address: 4546 Cal Steens Road				
City: Caledonia	State: MS	Zip: 39740		
Contact: Ed Clay		Tel: 662-386-6386		
OTHER OPERATOR: Starkville Public Works				
Address: Curry/N. Douglas Conner St.				
City: Starkville	State: MS	Zip: 39759		
Contact: Terry Kemp				
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 Mark McCurdy 08-10-21				
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	UNIT
Pipes				Ln Ft: Ln M:
Surface Area	VCT			Sq Ft: 800 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09-07-21		Complete: 09-08-21		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09-10-21		Complete: 09-17-21		

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

Hand tools for ACM and heavy eqpt for demo

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

Contain work area, air scrubber, wet method, 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: 39701

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: 662-793-4795

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:

Secure materials, 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)

08-25-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward Clay

Type or Print Name

Ed Clay
(Signature of Owner/Operator)

08-25-21

(Date)