

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) 4.8.2022 Em	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R					
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:					
Address 200 3rd St N					
City: Amory	State: ms	Zip: 38821			
Site Location:		Tel:			
Building Size APRX 2,000 sqf	# of Floors: 1	Age in Years: 40+			
Present Use: VACANT	Prior Use: MEDICAL CLINIC				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: STEVEN REEVES					
Address: 50059 ASHLEY RD					
City: Amory	State: ms	Zip: 38821			
Contact: STEVE REEVES	Tel: 662-315-8865				
REMOVAL CONTRACTOR: EAC ENVIRONMENTAL					
Address: 4546 CAI STEENS RD					
City: CALEDONIA	State: ms	Zip: 39740			
Contact: ED CLAY	Tel: 662-386-6386				
OTHER OPERATOR: MARSHALL FARMS & CONSTRUCTION					
Address: 60235 MI ZION RD					
City: SMITHVILLE	State: ms	Zip: 38870			
Contact: CHARLES MARSHALL					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PLM - ED CLAY - BB VAN LANDING HALL - 02-11-22					
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 - EIBOWS				LnFt: 10	Ln M:
Surface Area - MASTIC + CEILING TILE				SqFt: 800	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04-16-22				Complete: 04-16-22	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04-18-22				Complete: 04-25-22	

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

DEMO w/ HEAVY EQPT

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 SCRUBBERS, AIRLESS SPRAYER FOR WET METHOD, DOUBLE BAG

XII. WASTE TRANSPORTER #1

Name: ED CIAY

Address: 4546 CAI STEENS RD

City: CALEDONIA

State: MS

Zip: 39740

Contact Person: ED CIAY

Tel: 662-386-6386

WASTE TRANSPORTER #2

Name: WASTE PRO

Address: 1600 S 12th ST

City: Columbus

State: MS

Zip: 39701

Contact Person: RuthAnn FARIS

Tel:

XIII. WASTE DISPOSAL SITE

Name: RoRo Landfill

Address: 6447 WAHALAK RD

City: SCOOPA

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Contain Material, notify owner + 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 CIAY

(Signature of Owner/Operator)

04-07-22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDWARD CIAY

(Signature of Owner/Operator)

04-07-22

(Date)