

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 9.7.2022	AI Number
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: K380				
Address: 2112 South Green Street				
City: Tupelo		State: MS	Zip: 38804	
Site Location: Roof		Tel: 662-728-2325		
Building Size: Appx 92,500 sq ft		# of Floors: 1	Age in Years: 40+	
Present Use: Storage		Prior Use: Storage		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: CDF				
Address: 398 East Main Street				
City: Tupelo		State: MS	Zip: 38804	
Contact: John Milstead		Tel: 662-842-4521		
ASBESTOS REMOVAL CONTRACTOR:				
EAC Environmental				
Address: 4546 Cal Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Edward Clay		Tel: 662-386-6386		
Certification Number: ABC-00005192		Expiration Date: 12-06-22		
OTHER OPERATOR: Wheeler Roofing				
Address: 1218 Military Road				
City: Columbus		State: MS	Zip: 39701	
Contact: Jason Wheeler		Tel: 662-574-3970		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 05-03-22		
Inspectors: Edward Clay/BB Vanlandingham		Certification Numbers: ABI-00006706/00007369		Expiration Date: 06-23-23
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Roofing Tar and Felt				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): Appx 300 LN FT Roof Flashing		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09-20-22			Complete: 09-21-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09-22-22			Complete: 10-20-22	

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

Remove Roof Flashing with hand tools
Remove and replace built-up roof

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

Isolate work area with barrier tape, double bag felt and tar in 6mil poly

XIII. 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 12th St S

City: Columbus

State: MS

Zip: 39701

Contact Person: RuthAnn Faris

Tel: 662-328-5528

XIV. WASTE DISPOSAL SITE

Name: RoBo Landfill

Address: 6447 Wahalak Rd

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edmonds

Tel: 662-798-4795

XV. 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):

XVI. 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:

XVII. 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:

Contain material, notify owner and MDEQ

XVIII. 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

Edward A. Clay
(Signature of Owner/Operator)

09-07-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward Clay

Type or Print Name

Edward A. Clay
(Signature of Owner/Operator)

09-07-22

(Date)