

# 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 10-19-22	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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Bank First Storage				
Address: 190 North Street				
City: Macon		State: MS	Zip: 39341	
Site Location: 190 North Street			Tel: 662-312-8356	
Building Size: 850 sq ft		# of Floors: 1	Age in Years: 50+	
Present Use: Storage		Prior Use: Office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Bank First				
Address: 3055 Jefferson Street				
City: Macon		State: MS	Zip: 39341	
Contact: Tom Green			Tel: 662-312-8356	
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: Red Hills Enterprises				
Address: 288 Johnny Higginbotham Road				
City: Shuqualak		State: MS	Zip: 39361	
Contact: Ronald W. Clark			Tel: 662-361-1260	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No) Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 09-08-22	
Inspector: Edward Clay		Certification Number: 00006706	Expiration Date: 06-23-23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Ceiling tile, textured drywall ceiling, walls, floor tile and mastic, linoleum, covebase, roofing materials Analyzed by PLM				
VII. QUANTITY OF RACM TO BE REMOVED: (Tile and Linoleum)				
Pipes (LN FT):	Surface Area (SQ FT): Appx 650		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: 11-04-22			Complete: 11-04-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11-07-22			Complete: 11-08-22	

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

\*This building is deemed unsafe due to roof collapse and molded contents. It will be carefully removed prior to abatement. (Ref. Dennis Kelly)

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

Wet method removal with hand tools, double bag 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 CRUMBLIED, 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)

10-19-22

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Edward Clay

Type or Print Name

*Edward A. Clay*  
(Signature of Owner/Operator)

10-19-22

(Date)