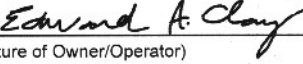
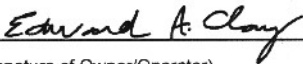


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 11-7-22	AI Number
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: Needmore Center				
Address: 610 E Gillespie Street				
City: Starkville		State: MS	Zip: 39759	
Site Location: 610 E Gillespie Street - Needmore Building			Tel: 662-769-0037	
Building Size: 1,200 sq ft		# of Floors: 1	Age in Years: 50+	
Present Use: Vacant		Prior Use: Childcare Center		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: City of Starkville				
Address: 110 West Main Street				
City: Starkville		State: MS	Zip: 39759	
Contact: Mark McCurdy			Tel: 662-769-0037	
ASBESTOS REMOVAL CONTRACTOR: EAC Environmental				
Address: 4546 Cal Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Ed Clay			Tel: 662-386-6386	
Certification Number: ABC 00005192			Expiration Date: 12-06-22	
OTHER OPERATOR: Starkville Public Works				
Address: Curry/N. Douglas Conner Street				
City: Starkville		State: MS	Zip: 39759	
Contact: Joe Dan Baker			Tel: 662-323-2294	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 08-10-22	
Inspector: Mark McCurdy		Certification Number: ABI00009961	Expiration Date: 09-08-2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: VCT, Ceiling tile, Insulation				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 800 VCT		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: 11-16-22			Complete: 11-16-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11-17-22			Complete: 11-24-22	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Post asbestos abatement, the building will be demolished with Heavy Equipment and disposed		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Contain work area, negative air machines, wet method removal with hand tools, 6 mil double bag		
XIII. WASTE TRANSPORTER #1		
Name: EAC Environmental		
Address: 4546 Cal Steens Road		
City: Caledonia	State: MS	Zip: 39740
Contact Person: Ed Clay	Tel: 662-386-6386	
WASTE TRANSPORTER #2		
Name: Waste Pro		
Address: 1600 12th Street South		
City: Columbus	State: MS	Zip: 39701
Contact Person: RuthAnn Faris	Tel: 662-328-5528	
XIV. WASTE DISPOSAL SITE		
Name: RoBo Landfill		
Address: 6447 Wahalak Road		
City: Scooba	State: MS	Zip: 39358
Contact Person: Roland Edmonds	Tel: 662-793-4795	
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:		
Secure materials, 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 A. Clay		11-07-22
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Edward A. Clay		11-07-22
Type or Print Name	(Signature of Owner/Operator)	(Date)