

# 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 11-10-22	AI Number
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"/> D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: FIRE STATION #2,				
Address: 1028 W. MAIN ST.				
City: TUPELO		State: MS	Zip: 38804	
Site Location: 1028 W. MAIN ST.		Tel: 662/871-1758		
Building Size: 1500 SQ. FT APPROX		# of Floors: 1	Age in Years: 64 YRS APPROX	
Present Use: VACANT		Prior Use: SINGLE FAMILY RESIDENTIAL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: CITY OF TUPELO				
Address: 71 EAST TROY STREET				
City: TUPELO		State: MS	Zip: 38804	
Contact: LYNDIA FORD		Tel: 662/871-1758		
ASBESTOS REMOVAL CONTRACTOR: EAC ENVIRONMENTAL				
Address: 4546 CALSTEEN ROAD				
City: CALEDONIA		State: MS	Zip: 39740	
Contact: ED CLAY		Tel: 662-386-6386		
Certification Number: ABI-00006706			Expiration Date: 07/09/22	
OTHER OPERATOR: JAMES A HODGES CONSTRUCTION INC				
Address: 1281 CR 811				
City: SALTILLO		State: MS	Zip: 38866	
Contact: CHAD RANKIN		Tel: 662/871-0082		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 11/07/2022	
Inspector: BARBARA VANLANDINGHAM		Certification Number: ABI-00007369	Expiration Date: 07/09/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
SHEETROCK, CEILING TILE AND WINDOW CAULKING. TESTING TEM MOTHOD FOR PLM STEREO MICROSCOPY BULK ASBESTOS ANANYSIS.				
VII. QUANTITY OF RACM TO BE REMOVED: 346 L.F. OF WINDOW CAULKING				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: NONE				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/17/2022			Complete: 11/21/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/21/2022			Complete: 12/21/2022	

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:****DEMOLITION BY BULLDOZER****XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:****REMOVAL OF WINDOWS****XIII. WASTE TRANSPORTER #1**

Name: JAMES A HODGES CONSTRUCTION CO.

Address: 1281 CR 811

City: SALTILLO

State: MS

Zip: 38866

Contact Person: CHAD RANKIN

Tel: 662-871-0082

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE TMCO**

Name: TMCO

Address: 544 BIRMINGHAM RIDGE RD.

City: SALTILLO

State: MS

Zip: 38866

Contact Person: TIM MAY

Tel: 662-869-2151

**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:****STOP DEMOLITION, TEST AND NEW REVISION NOTICE ACCORDING TO MDEQ REGULATIONS****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.**

Type or Print Name

(Signature of Owner/Operator)

(Date)

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

LYNDA FORD

Type or Print Name

(Signature of Owner/Operator)

11/10/2022

(Date)