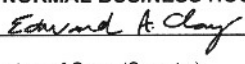
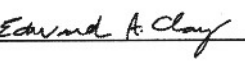


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 11-11-22	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: Chiropractic Office				
Address: 517 North Gloster Street				
City: Tupelo		State: MS	Zip: 38801	
Site Location: 517 North Gloster St			Tel: 662-871-0082	
Building Size: Appx 1,800 sq ft		# of Floors: 1 & Basement	Age in Years: 50+	
Present Use: Vacant		Prior Use: Chiropractic Clinic		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Lynda Joice Rabinowitz				
Address: North Gloster				
City: Tupelo		State: MS	Zip: 38801	
Contact: Chad Rankin			Tel: 662-871-0082	
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: Hodges Construction				
Address: 1281 CR 811				
City: Salttillo		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: 10-06-22	
Inspector: Ed Clay		Certification Number: ABI-00006706	Expiration Date: 06-23-23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Roofing, Exterior Siding, Drywall, Joint Compound, Acoustical tiles, Floor tile, and Mastic Analyzed by PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 1,600 Transite		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: 11-23-22			Complete: 11-23-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11-28-22			Complete: 12-28-22	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Post Transite Removal, Demolition will be performed using heavy equipment		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Wet Removal, Double Bag in 6mil poly		
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 Avenue 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 CRUMBLD, 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 A. Clay		11-10-22
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Edward A. Clay		11-10-22
Type or Print Name	(Signature of Owner/Operator)	(Date)