

Rev

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 12-22-22	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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Traceway Retirement Community				
Address: 2800 West Main Street				
City: Tupelo	State: MS	Zip: 38802		
Site Location: The Cedars			Tel: 662-844-8977	
Building Size: 20,000 S.F.	# of Floors: 1	Age in Years: Over 25		
Present Use: Retirement Center	Prior Use: Same			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Methodist Senior Services				
Address: P.O. Box 1567				
City: Tupelo	State: MS	Zip: 38802		
Contact: Mr. Tim Barber			Tel: 662-844-8977	
ASBESTOS REMOVAL CONTRACTOR: Environmental Evaluation & Control, Inc.				
Address: P.O. Box 5422				
City: Columbus	State: MS	Zip: 39704		
Contact: Ron Robinson			Tel: 662-328-2286	
Certification Number: ABC-00007293		Expiration Date: 04-11-23		
OTHER OPERATOR: None				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Assumed				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: ASSUMED ACM				
VII. QUANTITY OF RACM TO BE REMOVED: 873 S.F. Floor Tile & Mastic				
Pipes (LN FT):	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: 01-06-23			Complete: 01-08-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01-09-23			Complete: 02-09-23	

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

Removal of asbestos containing materials using wet method.

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

Strip & Removal, Wet Method, Double Bagging

XIII. WASTE TRANSPORTER #1

Name: RES, Inc.

Address: 1041 CR 549

City: Ripley

State: MS

Zip: 38663

Contact Person: Shea Mask

Tel: 662-837-4087

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Three Rivers Landfill

Address: 1904 Hwy 76 W

City: Pontotoc

State: MS

Zip: 38863

Contact Person:

Tel: 662-488-0444

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS: N/A

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 & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

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.

Ron Robinson



12-21-22

Type or Print Name

(Signature of Owner/Operator)

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson



12-21-22

Type or Print Name

(Signature of Owner/Operator)

(Date)