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# 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 type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 2-10-23	Date Received 2-13-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Carnation Building</b>				
Address: <b>520 Carnation St</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38804</b>	
Site Location: <b>same</b>			Tel:	
Building Size: <b>20,622 SF</b>		# of Floors: <b>1.5</b>	Age in Years: <b>100</b>	
Present Use: <b>abandoned</b>		Prior Use: <b>milk plant</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Old Historic Carnation, L.P.</b>				
Address: <b>7538 Old Canton Rd</b>				
City: <b>Madison</b>		State: <b>MS</b>	Zip: <b>39110</b>	
Contact: <b>Steve Nails</b>			Tel: <b>(601) 709-6000</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Century Construction Group</b>				
Address: <b>705 Robert E. Lee Dr.</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38801</b>	
Contact: <b>Laura Tinsley</b>			Tel: <b>(662) 823-5168</b>	
Certification Number: <b>ABC-00001887</b>			Expiration Date: <b>6/23/23</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>05/22/20</b>	
Inspector: <b>Kate Keeton</b>		Certification Number: <b>ABI-00009482</b>	Expiration Date: <b>04/01/21</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. QUANTITY OF RACM TO BE REMOVED: <b>10 CY</b>				
Pipes (LN FT): <b>3 LF</b>		Surface Area (SQ FT): <b>1,200 SF</b>	Volume of Facility Components (CU FT): <b>10 CY</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>none</b>			Category II: <b>none</b>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>2/27/23</b>			Complete: <b>2/28/23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3/1/23</b>			Complete: <b>5/1/24</b>	

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DEPT. OF ENVIRONMENTAL QUALITY

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
Interior demolition of old piping, interior walls, and replacement of deteriorated wood decking. Renovation to restore exterior of building and create senior housing on interior of building.

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

**XIII. WASTE TRANSPORTER #1**

Name: Century Construction  
Address: 705 Robert E. Lee Dr.  
City: Tupelo State: MS Zip: 38801  
Contact Person: Laura Tinsley Tel: (662) 823-5168

**WASTE TRANSPORTER #2**

Name:  
Address:  
City: State: Zip:  
Contact Person: Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Three Rivers  
Address: 1904 MS-76  
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:**

Name: Title:  
Authority:  
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

**XVI. FOR EMERGENCY RENOVATIONS:**

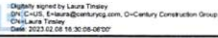
Date and Hour of Emergency (MM/DD/YY):  
Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

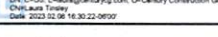
**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:**

Stop work, test material, and remove using wet method or containment.

**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.**

Laura Tinsley Laura Tinsley  2/8/23  
Type or Print Name (Signature of Owner/Operator) (Date)

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

Laura Tinsley Laura Tinsley  2/8/23  
Type or Print Name (Signature of Owner/Operator) (Date)