

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 08-18-2023	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: House				
Address: 1203 N. Green Street				
City: Tupelo		State: MS	Zip: 38804	
Site Location: 1203 N. Green Street			Tel: 662-231-8816	
Building Size: Appx 1,200 Sq Ft		# of Floors: 1	Age in Years: Appx 50+	
Present Use: Vacant		Prior Use: Church Activities		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME Emmanuel Church of God In Christ				
Address: 1208 N. Green Street				
City: Tupelo		State: MS	Zip: 38804	
Contact: Rev. Penroe			Tel: 662-231-8816	
ASBESTOS REMOVAL CONTRACTOR: Edward Clay - EAC Environmental				
Address: 4546 Cal-Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Edward Clay			Tel: 662-386-6386	
Certification Number: ABC-00005192			Expiration Date: 11-05-2023	
OTHER OPERATOR: TM Company				
Address: 544 Birmingham Ridge				
City: Saltillo		State: MS	Zip: 38866	
Contact: Tim May			Tel: 662-678-3380	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 08-02-23	
Inspector: Edward Clay		Certification Number: ABI-00006706	Expiration Date: 06-11-24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Roofing, Window Caulk, Exterior Siding, Floor tile, Mastic, Drywall, Ceiling Tile, Materials analyzed by PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): Appx 1,500	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: 09-01-23			Complete: 09-01-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09-05-23			Complete: 09-07-23	

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

Transite siding will be properly removed and the house demolished with heavy machinery

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

Remove wetted transite siding, double bag in 6 mil poly

XIII. WASTE TRANSPORTER #1

Name: EAC Environmental

Address: 4546 Cal-Steens Road

City: Caledonia

State: MS

Zip: 39740

Contact Person: Edward Clay

Tel: 662-386-6386

WASTE TRANSPORTER #2

Name: Waste Pro

Address: 1600 S 12th Ave

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: 662-798-4795

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:

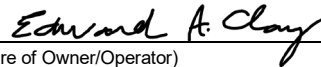
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Contain material, notify owner's contact 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

Type or Print Name



(Signature of Owner/Operator)

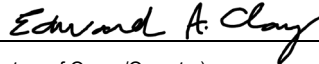
08-18-23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward A. Clay

Type or Print Name



(Signature of Owner/Operator)

08-18-23

(Date)