

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) 12/24/2024	Date Received 12/26/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R <input checked="" type="radio"/> 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: Vacant Building				
Address: 2004 S Tate Street				
City: Corinth		State: MS	Zip: 39051	
Site Location: 2nd Floor			Tel: 662-415-2708	
Building Size: Appx 2,500 Sq Ft		# of Floors: 2	Age in Years: Appx 50+	
Present Use: Vacant		Prior Use: Electronics Repair		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Larry King				
Address: 2008 S Tate Street				
City: Corinth		State: MS	Zip: 39051	
Contact: Larry King			Tel: 662-415-2708	
ASBESTOS REMOVAL CONTRACTOR: Ed 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: 11-04-25	
OTHER OPERATOR: Johnson Dozer Service, LLC				
Address: 563 CR 8021				
City: Rinzi		State: MS	Zip: 38865	
Contact: Tracy Johnson			Tel: 662-665-1943	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 10-08-24	
Inspector: Edward Clay		Certification Number: ABI-00006706	Expiration Date: 05-10-25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS :				
Roof shingle, Flooring, Mastic, Drywall and surfacing, Analyzed by PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): Appx 800 Linoleum		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: 01-08-25			Complete: 01-08-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01-13-25			Complete: 01-17-25	

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

The linoleum will be removed with wet removal method and the building demolished with heavy equipment

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

Containment, Negative Air Machine, Airless Sprayer using water and surfactant for Wet Method Removal, Double Bag ACM in 6 mil poly

XIII. WASTE TRANSPORTER #1

Name: EAC Environmental

Address: 4564 Cal Steens RD

City: Caledonia

State: MS

Zip: 39740

Contact Person: Ed Clay

Tel: 662-386-6386

WASTE TRANSPORTER #2

Name: Waste Pro

Address: 1600 S 12th ST

City: Columbus

State: MS

Zip: 39701

Contact Person: RuthAnn Farris

Tel:

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:

Cease Removal, contain material, notify owner and MDEQ

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:

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.

Barbara B Vanlandingham

Type or Print Name


(Signature of Owner/Operator)


12-24-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara B Vanlandingham

Type or Print Name


(Signature of Owner/Operator)

12-24-24

(Date)