

# 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 <b>9/3/2024</b>	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>Lee Acres Center</b>				
Address: <b>906 Fillmore Drive</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38801</b>	
Site Location: <b>Custodial Closet and Weight Room</b>			Tel: <b>662-841-6513</b>	
Building Size: <b>Appx 3,000 Sq Ft</b>		# of Floors: <b>1</b>	Age in Years: <b>40+</b>	
Present Use: <b>Vacant</b>		Prior Use: <b>Community Center</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME <b>City of Tupelo</b>				
Address: <b>71 East Troy Street</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38804</b>	
Contact: <b>Lynda Ford</b>			Tel: <b>662-231-8563</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Edward Clay - EAC Environmental</b>				
Address: <b>4546 Cal-Steens Road</b>				
City: <b>Caledonia</b>		State: <b>MS</b>	Zip: <b>39740</b>	
Contact: <b>Edward Clay</b>			Tel: <b>662-386-6386</b>	
Certification Number: <b>ABC-00005192</b>			Expiration Date: <b>11-03-24</b>	
OTHER OPERATOR: <b>TBD</b>				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>YES</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>11-25-23</b>	
Inspector: <b>Lee Roberts</b>		Certification Number: <b>ABI-00009020</b>	Expiration Date: <b>02-09-24</b> <b>2/07/2025</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<b>Pipe Insulation, Floor tile and mastic, Rubber floor mats, Cove Base and mastic, Ceiling Tile, Walls, Door and Window Caulk, Rubber Roof, Adhesive, and Flashing Tar</b>				
<b>Materials analyzed by PLM</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): <b>Appx 900</b>	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: <b>09-16-24</b> Complete: <b>09-16-24</b>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>TBD</b> Complete:				

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

Floor tile will be removed using "Wet Method" and Scrapers

**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 Machines, Airless Sprayer using water and surfactant for Wet Method Removal, double bag flooring in 6 mil poly

**XIII. WASTE TRANSPORTER #1**

Name: EAC

Address: 4546 Cal Steens RD

City: Caledonia

State: MS

Zip: 39740

Contact Person: BB Vanlandingham

Tel: 662-386-6386

**WASTE TRANSPORTER #2**

Name: WASTEPRO

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, 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

*Edward A. Clay*  
(Signature of Owner/Operator)

09-03-24

(Date)

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

Edward A. Clay

Type or Print Name

*Edward A. Clay*  
(Signature of Owner/Operator)

09-03-24

(Date)