

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <span style="float: right;">O</span>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">R</span>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <u>FREDS BIDG.</u>					
Address <u>304 5th St S</u>					
City: <u>Columbus</u>	State: <u>ms</u>	Zip: <u>39703</u>			
Site Location: <u>"</u>		Tel: <u>662-328-1776</u>			
Building Size <u>12,100</u>	# of Floors: <u>1</u>	Age in Years: <u>50+</u>			
Present Use: <u>VACANT</u>	Prior Use: <u>RETAIL BUSINESS</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>U-STORE INSIDE LLC</u>					
Address: <u>213 ALABAMA STREET</u>					
City: <u>Columbus</u>	State: <u>ms</u>	Zip: <u>39702</u>			
Contact: <u>Jim MAULDIN</u>		Tel: <u>662-328-1776</u>			
REMOVAL CONTRACTOR <u>EAC ENVIRONMENTAL</u>					
Address: <u>4546 (A) STEENS RD</u>					
City: <u>CALEDONIA</u>	State: <u>ms</u>	Zip: <u>39740</u>			
Contact: <u>ED CLAY</u>		Tel: <u>662-386-6386</u>			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<u>ASSUMED</u>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Category I	Category II	UNIT
Pipes				Ln Ft:	Ln M:
Surface Area <u>FLOOR TILE</u>	✓			Sq Ft: <u>12,100</u>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>01-25-21</u>				Complete: <u>01-29-21</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

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

BUILD STORAGE UNITS

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

CONTAIN WORK AREA, NEGATIVE AIR, WET METHOD, SCRAPERS, DOUBLE BAG

XII. WASTE TRANSPORTER #1

Name: Go Box

Address: 100 ROSECREST DRIVE

City: Columbus

State: MS

Zip: 39701

Contact Person: PAM BOLIN

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: ROBO LANDFILL

Address: 6447 WAHALAK RD

City: SCOOBA

State: MS

Zip: 39358

Tel: 662-793-4705

XIV. 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):

XV. 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:

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

CEASE WORK, NOTIFY OWNER + MDEQ

XVII. 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 CLAY

Type or Print Name

(Signature of Owner/Operator)

01-12-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDWARD CLAY

Type or Print Name

(Signature of Owner/Operator)

01-12-21

(Date)