

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) Revised			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: Metal Building, House 1, House 2			
Address 231,232,233 Highway 15			
City: Pontotoc	State: MS	Zip: 38863	
Site Location:		Tel:	
Building Size 5,000 sqft., 1,900 sqft., 1,500 sqft.	# of Floors: 1,1,1	Age in Years: over 20	
Present Use: Not in use	Prior Use: Restaurant, Home, Home		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Jack's Family Restaurant			
Address: 231 Highway 15			
City: Pontotoc	State: MS	Zip: 38863	
Contact: Art Powell	Tel: 601-818-3035		
REMOVAL CONTRACTOR Edward Clay			
Address: 4546 CAI Stevens Road			
City: Caledonia	State: MS	Zip: 39740	
Contact: Edward Clay	Tel: 662-242-7267		
OTHER OPERATOR: James A. Hodges Construction			
Address: 1281 County Road 811			
City: Saltillo	State: MS	Zip: 38866	
Contact: John Oakes			
V. IS ASBESTOS PRESENT? (Yes/No) Yes in house 1			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):			
PLM, Dan Anderson, ABI-00009483, 8/10/2020			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		Indicate Unit of Measurement Below	
		RACM To Be Removed	UNIT
		Category I	Category II
Pipes			Ln Ft: Ln M:
Surface Area 1200	tile		Sq Ft: Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/4/2021		Complete: 2/15/2021	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/16/2021		Complete: 2/17/2021	

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

Tear down existing structures using heavy equipment

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

per regulations of MDEQ

XII. WASTE TRANSPORTER #1 **EAC Environmental**

Name: **Edward Clay**

Address: **4546 CAI Stevens Road**

City: **Calendonia** State: **MS** Zip: **39740**

Contact Person: **Edward Clay** Tel: **662-242-7267**

WASTE TRANSPORTER #2 **James A. Hodges Construction**

Name: **John Oakes**

Address: **1281 County Road 811**

City: **Salttillo** State: **MS** Zip: **38866**

Contact Person: **John Oakes** Tel: **662-871-3418**

XIII. WASTE DISPOSAL SITE **Three Rivers Landfill**

Name:

Address: **1904 HWY 76W.**

City: **Pontotoc** State: **MS** Zip: **38863**

Tel: **662-488-0444**

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work and contact 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.

John Oakes
Type or Print Name

John Oakes
(Signature of Owner/Operator)

2/2/2021
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Oakes
Type or Print Name

John Oakes
(Signature of Owner/Operator)

2/2/2021
(Date)