

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 06/02/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O R (CR)				
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 House				
Address: 732 N Church Street				
City: Tupelo		State: MS	Zip: 38801	
Site Location: Exterior Siding		Tel: 662-321-9173		
Building Size: Appx 1,000 Sq Ft		# of Floors: 1	Age in Years: Appx 50+	
Present Use: Vacant		Prior Use: Rental Home		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Neighborhood Development Corporation				
Address: P.O. Box 782				
City: Tupelo		State: MS	Zip: 38802	
Contact: Duke Loden		Tel: 662-321-9173		
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: TBD James A. Hodges Construction Inc.				
Address: 1281 County Road 811				
City: Saltillo		State: MS	Zip: 38866	
Contact: Chad Rankin		Tel: 662-871-0082		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 04-21-25		
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 :				
Exterior Siding, Roof shingle, Flooring, Drywall and surfacing, Analyzed by PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): Appx 1,000 -transite siding		Volume of Facility Components (CU FT):	
		Appx 20 SF floor tile		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05-22-25 Complete: 05-22-25				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TBD 6-13-25 (CR) Complete: TBD 6-20-25 (CR)				

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

Tear down existing structures using heavy equipment

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

XIII. WASTE TRANSPORTER #1

Name: **James A. Hodges Construction Inc.**

Address: **1281 County Road 811**

City: **Saltillo**

State: **MS**

Zip: **38866**

Contact Person: **Chad Rankin**

Tel: **662-871-0082**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: **TMCO**

Address: **544 Birmingham Ridge Road**

City: **Saltillo**

State: **MS**

Zip: **38866**

Contact Person: **Tim May**

Tel: **662-869-2151**

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:

Stop all work and contact a MDEQ representative

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.

Chad Rankin

Type or Print Name

Chad Rankin
(Signature of Owner/Operator)

6/3/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chad Rankin

Type or Print Name

Chad Rankin
(Signature of Owner/Operator)

6/3/2025

(Date)