

# 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) <u>Revised</u>  |                                    |  |                                |                                    |       |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>Renovation</u>  |                                    |  |                                |                                    |       |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <u>Co</u>  |                                    |  |                                |                                    |       |
| Bldg. Name: <u>Columbus Housing Authority</u>   |                                    |  |                                |                                    |       |
| Address: <u>1511 + 1513 MLK Drive</u>   |                                    |  |                                |                                    |       |
| City: <u>Columbus</u>   | State: <u>MS</u>                   | Zip: <u>39701</u>                              |                                |                                    |       |
| Site Location:  |                                    | Tel: <u>(662) (601) 408-3012</u>               |                                |                                    |       |
| Building Size: <u>2700 Sq. Ft.</u>  | # of Floors: <u>1</u>              | Age in Years: <u>50</u>                        |                                |                                    |       |
| Present Use: <u>Residents Housing</u>   | Prior Use: <u>Same</u>             |  |                                |                                    |       |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)   |                                    |  |                                |                                    |       |
| OWNER NAME: <u>Columbus Housing Authority</u>   |                                    |  |                                |                                    |       |
| Address: <u>914 4th St. South</u>   |                                    |  |                                |                                    |       |
| City: <u>Columbus</u>   | State: <u>MS</u>                   | Zip: <u>39701</u>                              |                                |                                    |       |
| Contact: <u>Alvin Boquet</u>  | Tel: <u>(662) 386-8883 EHP2001</u> |  |                                |                                    |       |
| REMOVAL CONTRACTOR: <u>South East Environmental Group, Inc.</u>   |                                    |  |                                |                                    |       |
| Address: <u>P O Box 433</u>   |                                    |  |                                |                                    |       |
| City: <u>York</u>   | State: <u>AL</u>                   | Zip: <u>36925</u>                              |                                |                                    |       |
| Contact: <u>Bertha Rodgers</u>  | Tel: <u>(205) 392-9308</u>         |  |                                |                                    |       |
| OTHER OPERATOR:   |                                    |  |                                |                                    |       |
| Address:  |                                    |  |                                |                                    |       |
| City:   | State:                             | Zip:   |                                |                                    |       |
| Contact:  |                                    |  |                                |                                    |       |
| V. IS ASBESTOS PRESENT? (Yes/No) <u>Yes</u>   |                                    |  |                                |                                    |       |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL<br>(Include inspector name and date of inspection): <u>Floor + tile mastic tested using polarized light microscopy (PLM)</u><br><u>Inspector: Safety Environmental Laboratories + Consulting</u> |                                    |  |                                |                                    |       |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  | RACM To Be Removed                 | Nonfriable Asbestos Material Not To Be Removed |                                | Indicate Unit of Measurement Below |       |
| 1. Regulated ACM to be Removed<br>2. Category I ACM Not Removed<br>3. Category II ACM Not Removed   |                                    | Category I                                     | Category II                    | UNIT                               |       |
| Pipes   |                                    |  |                                | Ln Ft:                             | Ln M: |
| Surface Area  | <u>2700 sq ft</u>                  |  | <u>✓</u>                       | Sq Ft: <u>✓</u>                    | Sq M: |
| Vol RACM Off Facility Component   |                                    |  |                                | Cu Ft:                             | Cu M: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>7-12-17</u>   |                                    |  |                                | Complete: <u>8-12-17</u>           |       |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>7-12-17</u>  |                                    |  |                                | Complete: <u>8-12-17</u>           |       |

RECEIVED  
JUL - 5 2017  
Dept. of Environmental Quality

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

Removal of floor tile + mastic/stripe removal method - 2nd bagging + poly / Gase Neck procedure

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

Areas to be removed will be thoroughly wetted, then kept continuously wet throughout procedure with fine water + down detergent mixture until all abatement is complete to reduce the emission of airborne particles.

XII. WASTE TRANSPORTER #1

Name: Southeast Environmental Group, Inc.

Address: P O Box 433 / 2966 2<sup>nd</sup> Ave

City: York

State: AL

Zip: 36925

Contact Person: Bertha Rodgers

Tel: 205 392-9308

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill

Address: 520 Murphy Rd

City: Meridian

State: MS

Zip: 39301

Tel: 205 652-8151 Mrs. Virgilene Campbell

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

MDEQ will be notified immediately if any unexpected ACM is discovered and will assist in cleanup.

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)