MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM Mail notification to: MDEO Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Man notification to:	MIDEQ Asbestos S	section, 515	L. Amite Street	, Jackson, MS 39	201		
Operator Project #	Postmark		Date Received	(MDEQ use only)	Notification #	(MDEQ use only)	
I. Type of Notification (O=Original R=	Revised C=Canceled A=	Annual) C)			RECEIVE NOV 2 1 300	
II. TYPE OF OPERATION (D=Demo	O= Ordered Demo R=R	enovation E=E	Emer. Renovation)	R		NOWEIVE	
III. FACILITY DESCRIPTION (Include	e building name, number	and floor or ro	oom number)		Don	21 200	
Bldg. Name: Fire Station #1					-cpr. (of Environmental Quality	
Address 205 7th St S						"Mental Quality	
City: Columbus		State: MS		Zip: 39701			
Site Location: 205 7th St S		30.	Tel: 662-329-5129				
Building Size Appx 3,200 Sq Ft		# of Floors: 1		Age in Years: 36			
Present Use: Fire Station		Prior Use: Fire Station					
IV. FACILITY INFORMATION (Identif	fy owner, removal contra	ctor, and other	operator)				
OWNER NAME: City of Col	lumbus / Colun	nbus Fire	and Resc	ue			
Address: 523 Main Street			- Colon Plants of All Colon				
City: Columbus		State: MS		Zip: 39701			
Contact: Chief Martin Andrews		State.		Tel: 662-329-5129 ext. 4100			
Cornact.	Environmental			10.			
Address: 4546 Cal Steens Re							
City: Caledonia	State: MS Zip:		zin: 39740	39740			
Contact: Edward Clay	Otate.		Tel: 662-386-6386				
OTHER OPERATOR: N/A							
Address:							
City:		State:		Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/N	(o) Yes						
VI. PROCEDURE, INCLUDING ANAL (Include inspector name and date of it	LYTICAL METHOD, IF A	PPROPRIATE	, USED TO DETE	CT THE PRESENCE	E OF ASBESTOS	MATERIAL	
PLM Method Inspected by E		02-17					
VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable							
INCLUDING:		Mater		stos al Not		Indicate Unit of	
Regulated ACM to be Rem	oved T	o Be noved	To Be Re	emoved	Measurement Below		
Category I ACM Not Remo Category II ACM Not Remo			Category I	Category II	UNIT		
Pipes					LnFt:	Ln M:	
Surface Area		X			SqFt: 2,000	Sq M:	
Vol RACM Off Facility Component					CuFt:	Cu M:	
VIII. SCHEDULED DATES ASBESTO	OS REMOVAL (MM/DD/)	(Y) Start:	11-29-17		Complete: 12	2-01-17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:					Complete:		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Remove transite shingles from Mansard roof using wet method and double bagging of materials XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Wet Method and Double Bagging of Materials XII. WASTE TRANSPORTER #1 **EAC Environmental** Name: Address: 4546 Cal Steens Rd MS 39740 Caledonia State: Contact Person: Edward Clay 662-386-6386 Tel: WASTE TRANSPORTER #2 Go Box Name: Address: 100 Rosecrest Drive Columbus MS 39701 State: Zip: Contact Person: Pam Polin 662-328-5642 Tel: XIII. WASTE DISPOSAL SITE Name: ROBO Landfill Address: 6447 Wahalak Rd MS 39358 Scooba State: 662-793-4795 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Cease work, assess the situation, notify owner and revise MDEQ Demolition/ Renovation Notification 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 A. Clay 11-16-17 (Signature of Owner/Operator Type or Print Name (Date) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Edward A. Clay 11-16-17 (Signature of Owner/Operator) Type or Print Name (Date)