

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED

DEC 13 2017

Dept. of Environmental Quality

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: N/A				
Address 4374 Nashville Ferry Rd				
City: Columbus	State: MS	Zip: 39702		
Site Location: 4374 Nashville Ferry Rd			Tel:	
Building Size Concrete Slab Appx 2,500 sq ft	# of Floors: 1	Age in Years: 40		
Present Use: N/A	Prior Use: Exterior Space Used for Company Gatherings			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Occidental Chemical Corporation				
Address: 4374 Nashville Ferry Rd				
City: Columbus	State: MS	Zip: 39702		
Contact: Russell Sheffield	Tel: 662-386-0013			
REMOVAL CONTRACTOR EAC Environmental				
Address: 4546 Cal Steens Rd				
City: Caledonia	State: MS	Zip: 39740		
Contact: Edward Clay	Tel: 662-386-6386			
OTHER OPERATOR: N/A				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) Assumed				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes	Assumed			Ln Ft: Ln M:
Surface Area				Sq Ft: 2,500 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-16-17		Complete: 12-16-17		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A		Complete:		

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

Tiles have deteriorated due to years of exposure to sun,rain,cold and hot temps. Removed by wet

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

Name: **EAC Environmental**

Address: **4546 Cal Steens Rd**

City: **Caledonia**

State: **MS**

Zip: **39740**

Contact Person: **Edward Clay**

Tel: **662-386-6386**

WASTE TRANSPORTER #2

Name: **Go Box**

Address: **100 Rosecrest Drive**

City: **Columbus**

State: **MS**

Zip: **39701**

Contact Person: **Pam Polin**

Tel: **662-328-5642**

XIII. WASTE DISPOSAL SITE

Name: **ROBO Landfill**

Address: **6447 Wahalak Rd**

City: **Scooba**

State: **MS**

Zip: **39358**

Tel: **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 ASBESTOS MATERIAL BECOMES CRUMBLLED, 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

Edward A. Clay
(Signature of Owner/Operator)

12-08-17

(Date)

Type or Print Name

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward A. Clay

Edward A. Clay
(Signature of Owner/Operator)

12-08-17

(Date)

Type or Print Name