

37170

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
FEB 26 2018
Dept. of Environmental Quality

I. TYPE OF NOTICE: (X) Original ( ) Revision ( ) Canceled
( ) Annual ( ) Info. Only

II. TYPE OF PROJECT: ( ) Renovation (X) Demolition
( ) Ordered Demolition ( ) Emergency Renovation

III. SITE INFORMATION: Name Columbus Air Force Base / BE PAV GRND FCLTY - BUILDING 566
Description: Ground Facility Building - Golf Course Maintenance shop
Address: 14 CES/CEIE Columbus AFB, Columbus, MS 39705
City: Columbus County: Lowndes State: MS ZIP: 39705
Contact Person: Mike Blythe Telephone: (662) 434-7958

IV. OWNER INFORMATION: Name: Columbus AFB, Columbus, MS 39705
Full Mailing Address: 14 CES/CEIE Columbus AFB, Columbus,
Contact Person: Mike Blythe Telephone: (662) 434-7958

V. ASBESTOS REMOVAL CONTRACTOR: Name: AIR Environmental
Certification No.: ABC-00002269 Expiration Date: 1-10-2019
Full Mailing Address: 3404 Camellia Circle, Columbus, MS 39705
Contact Person: Ed Lesniak Telephone: (622) 242-5387

VI. CONTRACTOR (Other): Name: Undetermined
Full Mailing Address:
Contact Person: Telephone:

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 3 / 8 / 18 Removal Project Stop: 3 / 10 / 18

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: Undetermined Project Stop: Prep. Date:

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): Bldg. Size (LNFT):
No. of Floors: Age in Years:
Present Use: Unoccupied / Abandoned Prior Use: Grounds Maintenance shop

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: (X) Yes ( ) No
Inspection Date: 2 / 4 / 1993 Asbestos Present? (X) Yes ( ) No
Inspector: Cert. No.: Expiration Date:
Identify suspect materials sampled: Misc. Floor vinyl tile / Board type ceiling - Drywall
Laboratory Analysis: TEM PLM x Other
Name of Laboratory: Galson Corporation

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) Surface Area (SQ FT)
Volume of Facility Components(CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED x TO BE REMOVED:
Category I: Category II: 313 sf - Non friable

XIII. WASTE TRANSPORTER: Name: AIR Environmental
Full Mailing Address: 3404 Camellia Circle, Columbus, MS 39705
Contact Person: Ed Lesniak Telephone: (662) 242-5387

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: Robo Landfill (Noxubee County)  
 Physical Location: 6447 Wahalak Rd. Scooba. MS 39358  
 Full Mailing Address: 6447 Wahalak Rd. Scooba. MS 39358  
 Contact Person: Rolland Edmunds Telephone: 662) 361-0300  
 \*All asbestos waste should go to a permitted sanitary landfill.

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):**  
 Name: Undetermined  
 Physical Location: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

**XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):**

<input type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input checked="" type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input checked="" type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

**XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:**  
Remove asbestos using engineering controls. Use wet methods, and negative air machine  
 \_\_\_\_\_  
 \_\_\_\_\_

**XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:**  
Stop work. inspect. wet material if disturbed treat as RACM.  
 \_\_\_\_\_  
 \*Will MDEQ be notified of any significant changes? (x) Yes ( ) No

**XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:**  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Authority: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Demolition to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

**XX. EMERGENCY DEMOLITION/RENOVATIONS:** Date of Emergency: \_\_\_\_/\_\_\_\_/\_\_\_\_, Time: \_\_\_\_\_  
 Description of the sudden, unexpected event:  
 \_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  
 \_\_\_\_\_

**XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.**

I certify that all of the above information is correct.

<u>Ed Lesniak</u>		<u>2/23/18</u>
Type or Print Name & Title	Signature	Date

**MAIL TO:** Office of Pollution Control      Physical Address 515 Amite Street  
 P.O. Box 2261                                      Jackson, MS 39201  
 Jackson, MS 39225  
 (601) 961-5171