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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>Demo</u>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <u>Columbus Readiness Center / Athletic Building</u>			
Address: <u>111 Fabritien Drive</u>			
City: <u>Columbus</u>	State: <u>MS</u>	Zip: <u>39702</u>	
Site Location:		Tel:	
Building Size: <u>140 X 182</u>	<u>only 1693 sq. ft. bands abated</u>	# of Floors: <u>1</u>	Age in Years:
Present Use: <u>Reserve center Athletics</u>	Prior Use: <u>Same</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <u>Mississippi National Guard / Office of Adjutant General</u>			
Address: <u>1410 Riverside Dr.</u>			
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39202</u>	
Contact: <u>Discreet Hilton</u>	Tel: <u>(601) 313-6246</u>		
REMOVAL CONTRACTOR: <u>Southeast 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>Johnny Rodgers</u>	Tel: <u>(205) 392-9308</u>		
OTHER OPERATOR:			
Address:			
City: <u>N/A</u>	State:	Zip:	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) <u>Yes / Assumed</u>			
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	Nonfriable Asbestos Material Not To Be Removed	Indicate Unit of Measurement Below	
2. Category I ACM Not Removed	Category I	Category II	UNIT
3. Category II ACM Not Removed			
Pipes		<u>476 Lf. FR.</u>	Ln Ft: <u> </u> Ln M: <u> </u>
Surface Area		<u>1693</u>	Sq Ft: <u> </u> Sq M: <u> </u>
Vol RACM Off Facility Component			Cu Ft: <u> </u> Cu M: <u> </u>
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>3-15-18</u>		Complete: <u>3-16-18</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>3-15-18</u>		Complete: <u>3-16-18</u>	

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

With wet method, glove-bag & containment

Also removal of window caulking / same method

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 abated will be thoroughly wetted down & kept wet with a fine, water-down solution. Materials will be removed intact as much as possible until all areas are abated. Special attention will be given to reduction of airborne particles being spread.

XII. WASTE TRANSPORTER #1

Name: Southeast Environmental Grp, Inc.

Address: PO Box 433 / 296B 2nd Ave.

City: York

State: AL

Zip: 36925

Contact Person: Bertha Rodgers

Tel: 205-392-9308

WASTE TRANSPORTER #2

Name:

N/A

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: (601) 483-0715 Dean

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:

MDSD will be notified immediately if any unforeseen additional ACM is discovered

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.

Bertha Rodgers

Type or Print Name

Bertha Rodgers

(Signature of Owner/Operator)

3-7-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers

Type or Print Name

Bertha Rodgers

(Signature of Owner/Operator)

3-7-18

(Date)