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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) Revised			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: Columbus Readiness Center / Athletic Building			
Address: 111 Fabrik Drive			
City: Columbus	State: MS	Zip: 39702	
Site Location:		Tel:	
Building Size: 140X182	# of Floors: 1	Age in Years:	
Present Use: Reserve ctr Athletics	Prior Use: Same		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Mississippi National Guard/ office of Adjutant General			
Address: 1410 Riverside Drive			
City: Jackson	State: MS	Zip: 39202	
Contact: Disarea Hilton		Tel: (601) 313-6246	
REMOVAL CONTRACTOR: Southeast Environmental Group, Inc.			
Address: 296B 2nd Ave / PO Box 433			
City: York	State: AL	Zip: 36925	
Contact: Johany Rodgers		Tel: (205) 392-9308	
OTHER OPERATOR:			
Address: N/A			
City:	State:	Zip:	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) Yes / 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	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed	Indicate Unit of Measurement Below
2. Category I ACM Not Removed		Category I	UNIT
3. Category II ACM Not Removed		Category II	
Pipes		476 Lin ft.	Ln Ft: 476 Ln M:
Surface Area		1693 Sq. ft.	Sq Ft: 1693 Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-21-18 Complete: 3-22-18			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-21-18 Complete: 3-22-18			

We only received clearance from MDEQ on 3/19.

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

Removal of floor tile + mastic

with wet method glove-bag + Containments. 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 Group, 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:

Address:

N/A

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

MDEQ 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 Bertha Rodgers

Type or Print Name

(Signature of Owner/Operator)

3-20-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers Bertha Rodgers

Type or Print Name

(Signature of Owner/Operator)

3-20-18

(Date)