

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) 2018	
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) D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: VACANT				
Address: 219,221 & 223				
City: COLUMBUS	State: MS	Zip: 39701		
Site Location: 3rd Avenue South		Tel: N/A		
Building Size: 800 sq ft each	# of Floors: 1	Age in Years: 50+		
Present Use: VACANT	Prior Use: SINGLE FAMILY DWELLINGS			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: BH PROPERTIES				
Address: 102 TEMPLE COVE				
City: COLUMBUS	State: MS	Zip: 39702		
Contact: JABARI EDWARDS		Tel: 662-329-5600		
REMOVAL CONTRACTOR EAC ENVIRONMENTAL				
Address: 4546 CAL STEENS ROAD				
City: CALEDONIA	State: MS	Zip: 39740		
Contact: ED CLAY		Tel: 662-386-6386		
OTHER OPERATOR: J5 GBL				
Address: 2795 NASHVILLE FERRY ROAD EAST				
City: COLUMBUS	State: MS	Zip: 39702		
Contact: JABARI EDWARDS				
V. IS ASBESTOS PRESENT? (Yes/No) NOASBESTOS HAS BEEN REMOVED				
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	
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02-28-18 Complete: 03-07-18				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04-16-18 Complete: 04-30-18				

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

Houses to be burned by Columbus Fire & Rescue - Debris Removed by J5 GBL

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

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:

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 Clay

Type or Print Name

Ed Clay
(Signature of Owner/Operator)

04-12-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward Clay

Type or Print Name

Ed Clay
(Signature of Owner/Operator)

04-12-18

(Date)