

73215

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

APR 12 2018

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) D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: VACANT					
Address 210,212,214,216,218 & 220					
City: COLUMBUS	State: MS	Zip: 39701			
Site Location: SOUTH MLK STREET		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	UNIT	
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	

RECEIVED

APR 12 2018

DEQ OPC

DEQ OPC

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 CRUMBLED, 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)