

73215

RECEIVED

APR 12 2018

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
--------------------	----------	-------------------------------	-------------------------------------

DEQ OPC
DEQ OPC

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) **R**

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Rnovation 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:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed				Ln Ft:	Ln M:
2. Category I ACM Not Removed				Sq Ft:	Sq M:
3. Category II ACM Not Removed				Cu Ft:	Cu M:
Pipes					
Surface Area					
Vol RACM Off Facility Component					

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 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

Ed Clay
(Signature of Owner/Operator)

04-12-18

(Date)

Type or Print Name

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward Clay

Ed Clay
(Signature of Owner/Operator)

04-12-18

(Date)

Type or Print Name