

1356

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) O | | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Base Chapel, B712 | | | |
| Bldg. Name: Building 712 | | | |
| Address 464 Harpe Blvd. | | | |
| City: Columbus Air Force Base | State: MS | Zip: 39710 | |
| Site Location: Columbus AFB Chapel | | Tel: | |
| Building Size 5,000 sf | # of Floors: 1 | Age in Years: 62 | |
| Present Use: Chapel | Prior Use: Chapel | | |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | |
| OWNER NAME: US Air Force | | | |
| Address: 555 7th Street | | | |
| City: Columbus AFB | State: MS | Zip: 39710 | |
| Contact: Allison Lewis | Tel: 662-434-7780 | | |
| REMOVAL CONTRACTOR EAC Environmental | | | |
| Address: 4546 Cal Steens Road | | | |
| City: Caledonia | State: MS | Zip: 39740 | |
| Contact: Edward Clay | Tel: 662-386-6386 | | |
| OTHER OPERATOR: Commercial Construction & Maintenance, Inc. (General Contractor) | | | |
| Address: 3664 Guyton Road | | | |
| City: Hoover | State: AL | Zip: 35244 | |
| Contact: Dylan Stafford 205-266-8397 | | | |
| V. IS ASBESTOS PRESENT? (Yes/No) Yes | | | |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): | | | |
| Inspector: Robert Carmody Jr. | | Date: 01-27-12 | Analytical Method: Polarized Light Microscopy |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: | | Nonfriable Asbestos Material Not To Be Removed | Indicate Unit of Measurement Below |
| 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed | RACM To Be Removed | Category I | Category II |
| | | | UNIT |
| Pipes | | | Ln Ft: Ln M: |
| Surface Area | Floor Tile & Mastic | | Sq Ft: 100 Sq M: |
| Vol RACM Off Facility Component | | | Cu Ft: Cu M: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05-01-18 | | Complete: 05-03-18 | |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05-01-18 | | Complete: 07-02-18 | |

RECEIVED
APR 20 2018
Dept. of Environmental Quality

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

Remove and Replace HVAC System

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

Wet Method and Double Bagging

XII. WASTE TRANSPORTER #1

Name: **EAC Environmental**

Address: **4546 Cal Steens Road**

City: **Caledonia**

State: **MS**

Zip: **39740**

Contact Person: **Edward A. Clay**

Tel: **662-386-6386**

XII. WASTE TRANSPORTER #2

Name: **Go Box**

Address: **100 Rosecrest Drive**

City: **Columbus**

State: **MS**

Zip: **39701**

Contact Person: **Edward Clay**

Tel:

XIII. WASTE DISPOSAL SITE

Name: **RoBo Landfill**

Address: **6447 Wahalak Road**

City: **Scooba**

State: **MS**

Zip: **39738**

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:

Cease Work, Contact General Contractor and MDEQ

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 A. Clay

Type or Print Name

Edward A. Clay
(Signature of Owner/Operator)

04-18-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward A. Clay

Type or Print Name

Edward A. Clay
(Signature of Owner/Operator)

04-18-18

(Date)