

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

10766

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <span style="float: right;">O</span>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">D</span>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <span style="float: right;">RESIDENCE</span>					
Bldg. Name: <i>A McCain Residence</i>					
Address: <i>1738 Old Hwy 385 N of Rd</i>					
City: <i>Columbia MS</i>	State: <i>MS</i>	Zip: <i>39424</i>			
Site Location:		Tel:			
Building Size	# of Floors: <i>1</i>	Age in Years: <i>40+</i>			
Present Use: <b>VACANT</b>	Prior Use: <b>RESIDENCE</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
<b>COLUMBIA-MARION COUNTY AIRPORT BOARD</b>					
OWNER NAME:					
Address: <b>151 AIRPORT ROAD</b>					
City: <b>COLUMBIA</b>	State: <b>MS</b>	Zip: <b>39429</b>			
Contact:		Tel: <b>601 736 5516</b>			
REMOVAL CONTRACTOR: <b>REID ABATEMENT</b>					
Address: <b>1621 CLEARVIEW CIRCLE</b>					
City: <b>COLUMBIA</b>	State: <b>MS</b>	Zip: <b>39429</b>			
Contact: <b>JOHN REID</b>		Tel: <b>601 441 5290</b>			
OTHER OPERATOR: <b>BEACON CONSTRUCTION, LLC</b>					
Address: <b>1210 HWY 98 BYPASS</b>					
City: <b>COLUMBIA</b>	State: <b>MS</b>	Zip: <b>39429</b>			
Contact: <b>WILL KNOPPE</b>					
V. IS ASBESTOS PRESENT? (Yes/No) <span style="float: right;">YES</span>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<b>PLM, DATE OF INSPECTION 3-05-18, PLM, EHS RICHMOND VA, JOHN REID</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed		Indicate Unit of Measurement Below	
				Category I	Category II
Pipes				Ln Ft:	Ln M:
Surface Area		<i>200</i>		Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>10-24-18</b>					
Complete: <b>11-24-18</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>10-24-18</b>					
Complete:					

**RECEIVED**  
**OCT 12 2018**  
 Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
**REMOVE AND DISPOSE OF ASBESTOS CONTAINING MATERIALS BEFORE DEMOLITION.**

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

WET METHOD, NEG AIR, CONTAINMENT

*Remove P-14 200 soft vent*

XII. WASTE TRANSPORTER #1

Name: **JOHN REID**

Address: **1621 CLEARVIEW CIRCLE**

City: **COLUMBIA**

State: **MS**

Zip: **39429**

Contact Person: **JOHN REID**

Tel: **601 441 5290**

WASTE TRANSPORTER #2 **NA**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **RIVERBEND ENVIRONMENTAL**

Address: **4451 HWY 61**

City: **FAYETTE**

State: **MS**

Zip: **39069**

Tel: **601 786 0217**

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

**STOP WORK, CONTAIN AREA, CONTACT MDEQ AND OWNER.**

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.

**JOHN REID**

Type or Print Name

*John Reid*  
(Signature of Owner/Operator)

**10-10-18**

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

**JOHN REID**

Type or Print Name

*John Reid*  
(Signature of Owner/Operator)

**10-10-18**

(Date)