MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

107666 **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) 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) MACHINE SHOP

Bldg. Name: BALL MACHINE SHOP

Address 1741 OLD 35 N.

City: COLUMBIA	State: MS	Zip: 39429
Site Location:		Tel:
Building Size APP 3,000	# of Floors: 1	Age in Years: >40
Present Use: VACANT	Prior Use: MACHINE SHOP	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: COLUMBIA-MARION COUNTY AIRPORT BOARD

Address: 151 AIRPORT ROAD

City: COLUMBIA	State: MS	Zip: 39429
Contact:		Tel: 601 736 5516

REMOVAL CONTRACTOR REID ABATEMENT

Address: 1621 CLEARVIEW CIECLE

City: COLUMBIA	State: MS	Zip: 39429
Contact: JOHN REID		Tel: 601 441 5290

OTHER OPERATOR: BEACON CONSTRUCTION, LLC

Address: 1210 HWY 98 BYPASS

City: COLUMBIA	State: MS	Zip: 39429

Contact: WILL KNOPPE

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):

PLM, DATE OF INSPECTION 3-05-18, EHS RICHMOND VA, INSECTOR- JOHN REID

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	0			LnFt:	Ln M:
Surface Area	2800	200		SqFt: X	Sq M:
Vol RACM Off Facility Component	0			CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01-04-2019 Complete: 01-14-2019

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01-04-2019 Complete: 03-04-2019

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DEQ OPC

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

WET METHOD, NEG AIR, CONTAINMENT, REMOVE CEILING TILES, 200 SQ FT VCT

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: JOHN REID

Address: 1621 CLEARVIEW CIRCLE

City: COLUMBIA | State: MS | Zip: 39429

Contact Person: JOHN REID | Tel: 601 441 5290

WASTE TRANSPORTER #2

Name: NA

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: RIVERBEND ENVIRONMENTAL SERVICES

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: NA | 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP REMOVAL, CONTAIN AREA, CONTACT DEQ 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 (Signature of Owner/Operator) — 01-02-2019 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID — Type or Print Name (Signature of Owner/Operator) — 01-02-2019 (Date)