75267

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)

RECEIVED MAR 12 2019 DEQ OPC

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) D

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Vacant Dwelling

Address 317 4th Ave. N.

City: Columbus	State: MS	Zip: 39701
Site Location: 317 4th Ave. N.		Tel: 662-798-0494
Building Size 1,000 sq ft	# of Floors: 1	Age in Years: 50+
Present Use: Vacant	Prior Use: Single Family Dwelling	

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

OWNER NAME: Columbus Redevelopment Authority

Address:

City: Columbus	State: MS	Zip: 39701
Contact: John Acker		Tel: 662-798-0494

REMOVAL CONTRACTOR EAC Environmental

Address: 4546 Cal Steens Road

City: Caledonia	State: MS	Zip: 39740
Contact: Ed Clay		Tel: 662-386-6386

OTHER OPERATOR:

Address:

City:	State:	Zip:

Contact:

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: Edward Clay Date: 02-26-19 Method: Polarizing Light Microscopy (PLM)

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				LnFt:	Ln M:
Surface Area Window Sealant	X			SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03-19-19 Complete: 03-19-19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TBD Complete:

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

Columbus Fire and Rescue will burn the house for practice purposes.

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

Wet Method, Double Bag

XII. WASTE TRANSPORTER #1

Name: EAC Environmental

Address: 4546 Cal Steens Road

City: Caledonia | State: MS | Zip: 39740

Contact Person: Ed Clay | Tel: 662-386-6386

WASTE TRANSPORTER #2

Name: Go Box

Address: 100 Rosecrest Drive

City: Columbus | State: MS | Zip: 39701

Contact Person: Pam Bolin | Tel: 662-328-5642

XIII. WASTE DISPOSAL SITE

Name: ROBO Landfill

Address: 6447 Wahalak Road

City: Scooba | State: MS | Zip: 39358

Tel: 662-793-4795

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

Cease Work, Assess the situation and take proper precautions, Contact 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.

Edward Clay — Ed Clay — 03-06-19

Type or Print Name — (Signature of Owner/Operator) — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward Clay — Ed Clay — 03-06-19

Type or Print Name — (Signature of Owner/Operator) — (Date)