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) Original

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) TVA, East Columbus 161kv

Bldg. Name: Switchyard Control Building

Address 860 South Lehmberg Road

City: Columbus	State: Mississippi	Zip: 39701
Site Location: Control Bldg. inside switchyard fence		Tel: 662-327-3966
Building Size 300sf	# of Floors: 1	Age in Years: 50
Present Use: Electrical substation	Prior Use: Same	

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

OWNER NAME: Tennessee Valley Authority

Address: 1101 Market Street

City: Chattanooga	State: Tn	Zip: 37402
Contact:		Tel: 423-751-2293

REMOVAL CONTRACTOR Williams Specialty Services

Address: 100 Crescent Centre Parkway Suite 1240

City: Tucker	State: GA.	Zip: 30084
Contact: Robert Holloway		Tel: 256-566-8514

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):

Presumed

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 Floor Tile		300		SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-23-20 Complete: 3-26-20

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

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

Remodel of switch house

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

Wet methods,Hepa vacuums and hand tools to be utilized,no mechanical devices will be used.

XII. WASTE TRANSPORTER #1

Name: Chemical Waste Management, Inc.

Address: Highway 17 North, Mile Marker 163

City: Emelle	State: AL	Zip: 35459
Contact Person: Susan Hutchenson		Tel: 205-652-8136

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: Chemical Waste Management, Inc.

Address: Highway 17 North, Mile Marker 163

City: Emelle	State: AL	Zip: 35459

Tel: 205-652-8136

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, hepa vacuum,wet wipe and encapsulate entire area.

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.

Shannon Burks — Type or Print Name

Shannon Burks — (Signature of Owner/Operator)

03-05-20 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Shannon Burks — Type or Print Name

Shannon Burks — (Signature of Owner/Operator)

03-05-20 — (Date)