

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) 2-15-2022 Em	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) Residential housing				
Bldg. Name: Columbus Housing Authority				
Address: 1709 Clalor St.				
City: Columbus		State: MS	Zip: 39701	
Site Location:		Tel:		
Building Size: 1500 SF	# of Floors: 1	Age in Years:		
Present Use: Residential Housing	Prior Use: Residential Housing			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Columbus Housing Authority				
Address: 914 4th St. South				
City: Columbus		State: MS	Zip: 39701	
Contact: Mr Larry Jones		Tel: 662 328-4236		
REMOVAL CONTRACTOR Southeast Environmental Group, Inc				
Address: 296B 2nd Ave. 190 Box 433				
City: York		State: AL	Zip: 36925	
Contact: Bertha Rodgers		Tel: 205 392-9308		
OTHER OPERATOR:				
Address: /				
City: /		State: /	Zip: /	
Contact: /				
V. IS ASBESTOS PRESENT? (Yes/No) - Assumed				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Fluo file was coming up in several areas. Black mastic beneath 9x12 tiles. Abatement contractor examined the 9x12 tiles had mastic underneath.				
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	
Pipes				Ln Ft: Ln M:
Surface Area Fluo tile + mastic	1500 SF			Sq Ft Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-2-22		Complete: 3-15-22		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-2-22		Complete: 3-15-22		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Containment Method to be used. Removal of floor tile and mastic

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Areas to be abated will be continually kept wet with a water and solvent solution. will be removed as much intact as possible to prevent the emission of airborne particles

XII. WASTE TRANSPORTER #1

Name: Southeast Environmental Group, Inc.

Address: P.O. Box 433 / 296 B 2nd floor

City: York

State: AL

Zip: 36985

Contact Person: Bertha Rodgers

Tel: 205) 392-9308

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Kemper County Landfill

Address: 21211 Hwy 16 East

City: DeKalb

State: MS

Zip: 39328

Tel: (601) 743-4310

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

MDEQ will be notified immediately if any previously unidentified ACM is found. It will be treated as the current asbestos and handled accordingly.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE 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.

Bertha Rodgers

Type or Print Name

Bertha Rodgers

(Signature of Owner/Operator)

2-15-22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers

Type or Print Name

Bertha Rodgers

(Signature of Owner/Operator)

2-15-22

(Date)