

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 4/26/22	Date Received (MDEQ use only) 4/28/22	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 28 2022 </div>	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Building 304		Dept. of Environmental Quality		
Address: Building 304, Columbus AFB				
City: Columbus AFB	State: MS	Zip: 39710		
Site Location: "B" Street & Simler Blvd		Tel: 662-574-9039		
Building Size: 2,000 S.F.	# of Floors: 1	Age in Years: Over 25 Years		
Present Use: Computer Room/Tool Room	Prior Use: Same			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: 14 CES/CEIE				
Address: 555 Simler Blvd				
City: Columbus AFB	State: MS	Zip: 39710		
Contact: Don Wells		Tel: 662-574-9039		
REMOVAL CONTRACTOR: Environmental Evaluation & Control, Inc.				
Address: P.O. Box 5422				
City: Columbus	State: MS	Zip: 39704		
Contact: Ron Robinson		Tel: 662-328-2286		
OTHER OPERATOR: N/A				
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):				
Assumed				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> 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	900 S.F. Floor Tile & Mastic			Sq Ft: 900 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05-10-22			Complete: 05-11-22	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

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

Removal of asbestos containing materials using wet method.

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

Strip & Removal, Wet Method, Double Bagging

XII. WASTE TRANSPORTER #1

Name: Robbie D Wood, Inc.

Address: 1051 Old Warrior River Rd

City: Dolomite

State: AL

Zip: 35061

Contact Person: Joe Ellsworth

Tel: 850-449-0642

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Clean Earth of Calvert City

Address: 1689 Shar Cal Rd

City: Calvert City

State: Kentucky

Zip: 42029

Tel: 850-449-0642 Joe Ellsworth

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

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.

Ron Robinson

Type or Print Name

Ron Robinson
(Signature of Owner/Operator)

04-26-22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson

Type or Print Name

Ron Robinson
(Signature of Owner/Operator)

04-26-22

(Date)