

MAP

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 3.29.2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 0				
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: CECO Plant				
Address: 2400 Hwy 45 North				
City: Columbus		State: MS	Zip: 39705	
Site Location: Columbus			Tel: 618-795-8899	
Building Size: 60,000 SF		# of Floors:	Age in Years: 40 plus	
Present Use: Vacant		Prior Use: Manufacturing Plant		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: CECO				
Address: 2400 Hwy 45 North				
City: Columbus		State: MS	Zip: 39705	
Contact: Jordan Womack			Tel: 618-795-8899	
ASBESTOS REMOVAL CONTRACTOR: JAServicetroubleshooters				
Address: 1260 Wooddell Drive				
City: Jackson		State: MS	Zip: 39212	
Contact: Joseph Antoine			Tel: 601-212-9555	
Certification Number: ABC-00001396		Expiration Date: 5/27/2023		
OTHER OPERATOR: Jordan Womack				
Address: 113 S Brockschmidt Rd				
City: Venedy		State: IL	Zip: 62214	
Contact: Jordan Womack			Tel: 618-795-8899	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 3/7/2023	
Inspector: Melvin Jaycock		Certification Number: AB1-00001572	Expiration Date: 3/22/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Sheetrock, Floor tile, mastic, Roofing, pipes, Base mold, ceiling tile.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 35,000		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II: Floor tile/mastic		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/12/2023 Complete: 5/30/2023				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/15/2023 Complete: 5/30/2023				

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DEPT. OF ENVIRONMENTAL QUALITY

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Removal of floor tile with floor tile machine Demo of Building with Heavy Machinery.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Containment, Neg Air Machine. Keep material wet.		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Waste Pro		
Address: 1600 S 12th Ave		
City: Columbus	State: MS	Zip: 39701
Contact Person: Julie Goodin	Tel: 662-328-5528	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Columbus Sanitary Landfill		
Address: 2221 Armstrong Rd		
City: Columbus	State: MS	Zip: 39702
Contact Person: Plant Manager	Tel: 662-329-5115	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: 2221 Armstrong	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>XVII. 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:</b> STOP work. Wet material and notify DEQ		
<b>XVIII. 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.</b>		
Joseph Antoine	<i>Joseph Antoine</i>	3/29/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Joseph Antoine	<i>Joseph Antoine</i>	3/29/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)