

Rev  
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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 3-29-23	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): R			
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R			
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number): Columbus Air Force Base			
Bldg. Name: Aircraft MX Admin Facility Building 640			
Address: 795 Lockhart Street/B640			
City: Columbus AFB	State: MS	Zip: 39710	
Site Location: Columbus AFB		Tel:	
Building Size: 16,000	# of Floors: 1	Age in Years: 40-50 yrs	
Present Use: Aircraft Maintenance Facility	Prior Use: same		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: US Government			
Address: 108 Simler Blvd			
City: Columbus AFB	State: MS	Zip: 39710	
Contact: Josh Spradlin	Tel: 662-434-6667		
ASBESTOS REMOVAL CONTRACTOR: MAK Environmental LLC			
Address: 17115 Finnell Rd			
City: Northport	State: AL	Zip: 35475	
Contact: Patrick Hendon	Tel: 205-410-1995		
Certification Number: ABC-00007308	Expiration Date: 1/13/2024		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 6-17-21	
Inspector: Michael D Summy	Certification Number: ABI-00001456	Expiration Date: 4-13-2022	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>			
Samples were analyzed using PLM. floor tile, mastic, duct mastic, duct adhesive, wall tile adhesive, transite panels, vent caulk, roof flashing, hvac sealent, door caulk			
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> sheet vinyl			
Pipes (LN FT):	Surface Area (SQ FT): 600	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>			
Category I: None		Category II: None	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 05/22/2023		Complete: 06/2/2023	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 6/2/2023		Complete: 6/30/2023	

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
After abatement, walls and finishes will be removed and new walls will be configured with new finishes installed.

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**  
Work will be performed within a negative pressure HEPA filtered containment. Material will be kept wet constantly with amended water and airless sprayer. Material will be double bagged with 6 mil bags.

**XIII. WASTE TRANSPORTER #1**

Name: Liberty Waste

Address: 50 Sears Dr

City: Starkville State: MS Zip: 39759

Contact Person: Chris Sears Tel: 662-312-4224

**WASTE TRANSPORTER #2**

Name:

Address:

City: State: Zip:

Contact Person: Tel:

**XIV. WASTE DISPOSAL SITE**

Name: ROBO Landfill

Address: 6447 Wahalak Rd

City: Scooba State: MS Zip: 39358

Contact Person: Roland Edmonds Tel: 662-361-0300

**XV. 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):

**XVI. 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:

**XVII. 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:**

Stop work - Notify Owner

**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.**

Patrick Hendon *Patrick Hendon* 3/24/2023  
Type or Print Name (Signature of Owner/Operator) (Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Patrick Hendon *Patrick Hendon* 3/24/2023  
Type or Print Name (Signature of Owner/Operator) (Date)