

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

| MDEQ Use Only: Postmark (m    X   Email  | ail only)  | Date Re                   | eceived<br> -23-2024           | Al Number              |  |  |
|--|--|---------------------------|--------------------------------|------------------------|--|--|
|  | I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R = Revised |                           |                                |                        |  |  |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D = Demolition   |  |                           |                                |                        |  |  |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number):  |  |                           |                                |                        |  |  |
| Bldg. Name: N/A  |  |                           |                                |                        |  |  |
| Address: 1602 4th Avenue North   | -  |                           |                                |                        |  |  |
| <sub>City:</sub> Columbus  | State: MS.   | MS. <sub>Zip:</sub> 39701 |                                |                        |  |  |
| Site Location: R-1 Residential   | 10   |                           | <sub>Tel:</sub> (662) 570-8814 |                        |  |  |
| Building Size: 2,064 square feet   | # of Floors: One   | )                         | Age in Years: 56 years old     |                        |  |  |
| Present Use: Abandonned  | Prior Use: Res   | Prior Use: Residential    |                                |                        |  |  |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)   |  |                           |                                |                        |  |  |
| OWNER NAME: Mamie Lou and James Turner   |  |                           |                                |                        |  |  |
| Address: C/O Goldie Turner Smith P.O.Box 8131  |  |                           |                                |                        |  |  |
| <sub>City:</sub> Columbus  | State: MS.   |                           | <sub>Zip:</sub> 39705          |                        |  |  |
| Contact: Sasha James   |  |                           | Tel: (662) 251-2359            |                        |  |  |
| ASBESTOS REMOVAL CONTRACTOR: EAC Enviro  | nmental  |                           |                                |                        |  |  |
| Address: 4546 Calsteens Road   | 4  |                           | ·                              |                        |  |  |
| <sub>City:</sub> Caledonia   | State: MS.   |                           | <sub>Zip:</sub> 39740          |                        |  |  |
| Contact: Edward Clay   |  |                           | Tel: (662) 549-1777            |                        |  |  |
| Certification Number: ABC-00005192 Expiration Date: 11/03/2024   |  |                           |                                |                        |  |  |
| OTHER OPERATOR: Columbus Fire and Rescue   |  |                           |                                |                        |  |  |
| Address: 72 Airline Road   |  |                           |                                |                        |  |  |
| <sub>City:</sub> Columbus  | State: MS.   | State: MS.                |                                | z <sub>ip:</sub> 39702 |  |  |
| Contact: Duane Hughes  |  |                           | <sub>Tel:</sub> (662) 570-8814 |                        |  |  |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes   |  |                           |                                |                        |  |  |
| WAS ASBESTOS PRESENT? (Yes/No): Yes  | V  |                           |                                |                        |  |  |
| Inspector: Barbara B. Vanlandingham Certification Number: AB1-00007369 Expiration Date: 6/11/2024  |  |                           |                                |                        |  |  |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Black Shingle with Gray Gravel, White Sealant, Green Transite, Brown and Blue Linoleum, White |  |                           |                                |                        |  |  |
| Drywall, White Surfaced White Compound, and Black Textured Surfacing.  |  |                           |                                |                        |  |  |
| Polarized Light Asbestiform Materials Characterization - 25% chrysolite asbestos exterior siding   |  |                           |                                |                        |  |  |
| VII. QUANTITY OF RACM TO BE REMOVED: Exterior Siding   |  |                           |                                |                        |  |  |
| Pipes (LN FT): N/A Surface Area (  | 2.004  |                           | olume of Facility Cor          | mponents (CU FT): N/A  |  |  |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A   |  |                           |                                |                        |  |  |
| Category I: N/A Category II: N/A   |  |                           |                                |                        |  |  |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/26/2023 Complete: 06/26/2023   |  |                           |                                |                        |  |  |
| x. scheduled dates demo/renovation (MM/DD/YY) Start: 02/20/2024 Complete: 02/21/2024   |  |                           |                                |                        |  |  |

| XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA  Columbus Fire and Rescue will conduct a live burn of this structu   | •                             | . ,                   | nt action plan (IAP)   |  |  |
|--|-------------------------------|-----------------------|------------------------|--|--|
| XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERII  |                               |                       |                        |  |  |
| DEMOLITION OR RENOVATION SITE:  All asbestos present on this site as determined by testing performed by CA Labs, L.L.C. was removed  |                               |                       |                        |  |  |
| on 6/26/2023.  | ned by testing pend           | inica by OA Labs, i   | L.L.O. Was removed     |  |  |
| XIII. WASTE TRANSPORTER #1   |                               |                       |                        |  |  |
| Name: City of Columbus Public Works  |                               |                       |                        |  |  |
| Address: 523 Main Street   |                               |                       |                        |  |  |
| <sub>City:</sub> Columbus  | State: MS.                    | <sub>Zip:</sub> 39701 |                        |  |  |
| Contact Person: Casey Bush   |                               | Tel: 662 364-0923     | 3                      |  |  |
| WASTE TRANSPORTER #2   |                               |                       |                        |  |  |
| Name: N/A  |                               |                       |                        |  |  |
| Address: N/A   |                               |                       |                        |  |  |
| City: N/A  | State: N/A                    | <sub>Zip:</sub> N/A   |                        |  |  |
| Contact Person: N/A  |                               | <sub>Tel:</sub> N/A   |                        |  |  |
| XIV. WASTE DISPOSAL SITE   |                               |                       |                        |  |  |
| Name: RO BO Landfill   |                               |                       |                        |  |  |
| Address: 6447 Wahalak Road   |                               |                       |                        |  |  |
| City: Scooba   | State: MS.                    | Zip: 39358            |                        |  |  |
| Contact Person: Roland Edwards, Manager Tel: 662 793-4795  |                               |                       |                        |  |  |
| XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENC  |                               |                       |                        |  |  |
| Name: N/A  | Title:                        | V/A                   |                        |  |  |
| Authority: N/A   | T                             |                       |                        |  |  |
| Date of Order (MM/DD/YY): N/A  | Date Ordered to               | Begin (MM/DD/YY): N/A | \                      |  |  |
| XVI. FOR EMERGENCY RENOVATIONS: N/A  |                               |                       |                        |  |  |
| Date and Hour of Emergency (MM/DD/YY): N/A  Description of the sudden unexpected event:  |                               |                       |                        |  |  |
| N/A  |                               |                       |                        |  |  |
| Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:   |                               |                       |                        |  |  |
| N/A  |                               |                       |                        |  |  |
| XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN  | THE EVENT THAT UNEXP          | CTED ASBESTOS IS FOU  | ND OR PREVIOUSLY       |  |  |
| NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE   |                               |                       |                        |  |  |
| - Notify Building Inspection Department -  |                               |                       |                        |  |  |
| 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. |                               |                       |                        |  |  |
| Duane Hughes - Fire Chief  Type or Print Name  | (Signature of Owner/Operator) | 23                    | January 2024<br>(Date) |  |  |
| Duane Hughes - Fire Chief  23 January 2024   |                               |                       |                        |  |  |
| Type or Print Name   | (Signature of Owner/Operator) |                       | (Date)                 |  |  |