

# 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)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>Original</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>					
III. FACILITY DESCRIPTION (include building name, number and floor or room number)					
Bldg. Name: <b>Columbus Housing Authority</b>					
Address: <b>914 4th Street S.</b>					
City: <b>Columbus</b>	State: <b>MS</b>	Zip: <b>39703</b>			
Site Location: <b>2209 9th Avenue S.</b>		Tel:			
Building Size	# of Floors: <b>1</b>	Age in Years:			
Present Use: <b>public housing units</b>		Prior Use: <b>Same</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Columbus Housing Authority</b>					
Address: <b>914 4th St. S.</b>					
City: <b>Columbus</b>	State: <b>MS</b>	Zip: <b>39703</b>			
Contact: <b>Mr. Larry Jones</b>	Tel: <b>(662) 328-4236</b>				
REMOVAL CONTRACTOR					
Address: <b>Southeast Environmental Group, Inc. / 296B 2nd Ave. PO Box 433</b>					
City: <b>JACK</b>	State: <b>AL</b>	Zip: <b>36785</b>			
Contact: <b>Bertha Rodgers</b>	Tel: <b>205 392-9308</b>				
OTHER OPERATOR:					
Address: <b>N/A</b>					
City: <b>N/A</b>	State:	Zip: <b>N/A</b>			
Contact: <b>N/A</b>					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (include inspector name and date of inspection): <b>Assumed / previous units in same area contained ACM</b>					
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	UNIT	
Pipes				Ln Ft: <b>950<sup>SF</sup></b>	Ln M:
Surface Area <b>Floor tile &amp; mastic</b>				Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>2-12-2021</b> Complete: <b>2-19-2021</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>2-12-2021</b> Complete: <b>2-19-2021</b>					

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Containment method to be used.

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 wetted down prior to any attempt to remove ACM. Floor tile and mastic will be removed, keeping materials as much intact as possible to reduce the emission of any airborne particles.

XII. WASTE TRANSPORTER #1

Name: Southeast Environmental Group, Inc.  
Address: 296 B 2<sup>nd</sup> Ave. PO Box 433  
City: York State: PA Zip: 36925  
Contact Person: Bertha Rodgers Tel:

WASTE TRANSPORTER #2

Name: N/A  
Address: N/A  
City: N/A State: N/A Zip: N/A  
Contact Person: N/A 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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: MDEQ will be notified ASAP. Every precaution will be taken to prevent the spread of any airborne particles and will be handled as cautiously as the current ACM.

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.

Bertha Rodgers Bertha Rodgers 2-1-2001  
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers Bertha Rodgers 2-1-2001  
Type or Print Name (Signature of Owner/Operator) (Date)