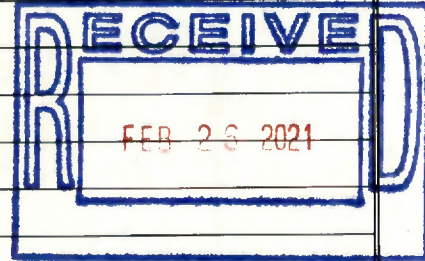


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

**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) <span style="float: right;">O</span>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">D</span>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Jerry Wrench</b>					
Address <b>1202 Shady Street</b>					
City: <b>Columbus</b>	State: <b>MS</b>	Zip: <b>39702</b>			
Site Location: <b>1202 Shady Street</b>		Tel: <b>662-245-5070</b>			
Building Size <b>1,167 square feet</b>	# of Floors: <b>1</b>	Age in Years: <b>81</b>			
Present Use: <b>Abandoned</b>	Prior Use: <b>Residential</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Jerry Wrench</b>					
Address: <b>253 Nottingham Lane</b>					
City: <b>Columbus</b>	State: <b>MS</b>	Zip: <b>39702</b>			
Contact: <b>Jerry Wrench</b>	Tel: <b>662-245-5070</b>				
REMOVAL CONTRACTOR <b>Edward Clay / EAC Enviromental</b>					
Address: <b>4546 Caledonia Steens Road</b>					
City: <b>Caledonia</b>	State: <b>MS</b>	Zip: <b>39740</b>			
Contact: <b>Edward Clay</b>	Tel: <b>662-386-6386</b>				
OTHER OPERATOR: <b>Columbus Fire and Rescue</b>					
Address: <b>205 7th Street South</b>					
City: <b>Columbus</b>	State: <b>MS</b>	Zip: <b>39702</b>			
Contact: <b>Mike Chandler</b>					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
Eward Clay, EAC Environmental (ABI 00006706/ABC 00005192) CA Labs 12232 Industriplex Baton Rouge, LA 70809 Method of Detect: PLM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Category I	Category II	UNIT
Pipes	N/A	N/A	N/A	LnFt: <b>N/A</b>	Ln M: <b>N/A</b>
Surface Area	N/A	N/A	N/A	SqFt: <b>N/A</b>	Sq M: <b>N/A</b>
Vol RACM Off Facility Component	<b>Chrysotile 3%</b>			CuFt: <b>75</b>	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>03/20/2020</b>				Complete: <b>04/02/2020</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>03/09/2021</b>				Complete: <b>03/09/2021</b>	



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

Demolition by fire during live burn training

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

Live burn training using hand hose lines and master streams of water to control burn process

XII. WASTE TRANSPORTER #1 EAC Environmental

Name: Edward Clay

Address: 4546 Caledonia Steens Rd.

City: Caledonia

State: MS

Zip: 39740

Contact Person: Edward Clay

Tel: 662-386-6386

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE RO BO Landfill

Name: Roland Edmonds

Address: 6447 Wahalak Rd.

City: Scooba

State: MS

Zip: 39358

Tel: 662-793-4795

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Notification of City of Columbus Inspection Department / Lowndes County EMA Director

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.

Martin Andrews  
Type or Print Name

*Martin Andrews*  
(Signature of Owner/Operator)

02/24/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Mike Chandler

*Mike Chandler*  
(Signature of Owner/Operator)

02/24/2021

(Date)