

# 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 11-18-22	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):				
Bldg. Name: Thomas G. Abernethy Federal Building				
Address: 301 West Commerce Street				
City: Aberdeen		State: MS	Zip: 39730	
Site Location: Corner of West Commerce & S. James St.			Tel: 901-359-4903	
Building Size: 62,000 S.F.		# of Floors: 4	Age in Years: Over 25 Years	
Present Use: Federal Courthouse		Prior Use: Federal Courthouse		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: General Services Administration				
Address: 819 Taylor Street 12B01				
City: Fort Worth		State: TX	Zip: 76102	
Contact: Matt Boehm			Tel: 901-359-4903	
ASBESTOS REMOVAL CONTRACTOR: Environmental Evaluation & Control, Inc.				
Address: P.O. Box 5422				
City: Columbus		State: MS	Zip: 39704	
Contact: Ron Robinson			Tel: 662-328-2286	
Certification Number: ABC-00007293			Expiration Date: 05-27-23	
OTHER OPERATOR: Brasfield & Gorrie, L.L.C.				
Address: 3021 7th Avenue South				
City: Birmingham		State: AL	Zip: 35233	
Contact: Matt Boehm			Tel: 901-359-4903	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 11-10-21 to 11-17-21	
Inspector: James Rizk		Certification Number: ABI-00005364	Expiration Date: 09-21-22	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
Floor Tile & Mastic, Window Caulking, Carpet & Mastic, Ceiling Material, Hot Water Supply & Return Pipe Insulation, Cold Water Pipe Joints				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> 7,210 L.F. Duct Mastic; 6,000 L.F. Window Caulking; 22,000 S.F. FT/M; 1,000 S.F. Ceilings				
Pipes (LN FT): 2,400 L.F.		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I: 8,000 S.F.			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 12-02-22			Complete: 01-25-23	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 07-27-22			Complete: 11-23-23	

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

Removal of asbestos containing materials using wet method.

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

Strip &amp; Removal, Wet Method, Double Bagging, Containment, Glove Bag, Negative Air

**XIII. WASTE TRANSPORTER #1**

Name: RES Inc.

Address: 1041 CR 549

City: Ripley

State: MS

Zip: 38663

Contact Person: Shea Mask

Tel: 662-837-4087

**WASTE TRANSPORTER #2 N/A**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Three Rivers Landfill

Address: 1904 Hwy 76 W

City: Pontotoc

State: MS

Zip: 38863

Contact Person: Jeff Stanford

Tel: 662-488-0444

**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: 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:

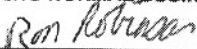
**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Contain &amp; seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

**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.**

Ron Robinson

Type or Print Name



(Signature of Owner/Operator)

11-18-22

(Date)

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

Ron Robinson

Type or Print Name



(Signature of Owner/Operator)

11-18-22

(Date)