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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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 7.12.2023	AI Number RECEIVED
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R		JUL 12 2023 AI 1799	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: CECO Plant			
Address: 2400 HWY 45 North			
City: Columbus	State: MS	Zip: 39705	
Site Location: Columbus		Tel: 618-795-8899	
Building Size: 40,000 SF	# of Floors: 1	Age in Years: 40 plus	
Present Use: Vacant	Prior Use: Manufacturing Plant		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: CECO			
Address: 2400 HWY 45 North			
City: Columbus	State: MS	Zip: 39705	
Contact: Jordan Womack	Tel: 618-795-8899		
ASBESTOS REMOVAL CONTRACTOR: JA Service Troubleshooters			
Address: 1260 Wooddell Dr.			
City: Jackson	State: MS	Zip: 39212	
Contact: Joseph Antoine	Tel: 601-212-9555		
Certification Number: ABC.00001396	Expiration Date: 5/27/2024		
OTHER OPERATOR: Jordan womack			
Address: 113 S Brockschmidt Rd			
City: Venedy	State: IL	Zip: 62214	
Contact: Jordan womack	Tel: 618-795-8899		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 3/7/2023	
Inspector: Melvin Aycock	Certification Number: ABI.00001572	Expiration Date: 3/22/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Sheet rock, Floor tile, Mastic, Roofing, pipes Basemold, ceiling tile			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT): 30,000	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I:	Category II: Negative Positive Floor tile / Mastic		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/14/2023 Complete: 7/30/2023			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/30/2023 Complete: 10/20/2023			

P.S Note. The first area was abated, previously
The owner has just completed removing
Asbestos Project Notification Form - Revised 2/2022
Furniture from the building. Dennis Kelly was
consulted with on this revised notification.

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

Removal of floor tile/mastic with machine.
Demo of Building with heavy machinery.

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

Containment, Neg Air Machine
Keep material wet

XIII. WASTE TRANSPORTER #1

Name: Waste Pro
Address: 1600 S 12th Ave
City: Columbus State: MS Zip: 39701
Contact Person: Julie Goodin Tel: 662-328-5528

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Columbus Sanitary Landfill
Address: 2221 Armstrong Rd
City: Columbus State: MS Zip: 39702
Contact Person: Plant Manager Tel: 662-329-5115

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. Wet material and notify DEQ

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.

Joseph Antoine (Type or Print Name) Joseph Antoine (Signature of Owner/Operator) 7/12/2023 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine (Type or Print Name) Joseph Antoine (Signature of Owner/Operator) 7/12/2023 (Date)