

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 07-25-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Coca-Cola United Bottling Co				
Address: 7900 Hwy 57				
City: Vanceleave		State: MS	Zip: 39565	
Site Location: Office			Tel:	
Building Size: 45000SF		# of Floors: 1	Age in Years: 50+	
Present Use: Manufacturing		Prior Use: Manufacturing		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Coca-Cola United Bottling Co				
Address: 7900 Hwy 57				
City: Vanceleave		State: MS	Zip: 39565	
Contact: Dale Foster			Tel: 228.875.5426	
ASBESTOS REMOVAL CONTRACTOR: Ambipar Response OSE, LLC				
Address: 4800 Division Ave				
City: Birmingham		State: AL	Zip: 35222	
Contact: Duane Boatright			Tel: 205.546.0205	
Certification Number: ABC-00012258			Expiration Date: 5/19/2024	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed non friable Asbestos flooring				
VII. QUANTITY OF RACM TO BE REMOVED: VCT: Mastic				
Pipes (LN FT):		Surface Area (SQ FT): 2700SF	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/3/23			Complete: 8/10/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/3/23			Complete: 8/10/23	

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

Selective interior demo

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

Wet methods, negative air containment, and component removal

XIII. WASTE TRANSPORTER #1

Name: Ambipar Response OSE, LLC

Address: 4800 Division Ave

City: Birmingham

State: AL

Zip: 35222

Contact Person: Duane Boatright

Tel: 205.546.0205

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Big Sky Environmental

Address: 5100 Flat Top Road

City: Adamsville

State: AL

Zip: 35005

Contact Person: Shannon Humphrey

Tel: 205.743.0080

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

Sample, Notify, Abate

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 Boatright

Type or Print Name

Duane Boatright
(Signature of Owner/Operator)

7/24/23
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Duane Boatright

Type or Print Name

Duane Boatright
(Signature of Owner/Operator)

7/24/23
(Date)