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Rev

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 MDEO Use Only: Postmark (mail only) Date Received 8.4.202 Al Number ☐ Hand Delivery 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: 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 IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME. General Services Administration Address: 819 Taylor Street 12B01 City: Fort Worth Zip: 76102 State: TX Contact: Matt Boehm Tel. 901-359-4903 ASBESTOS REMOVAL CONTRACTOR: Environmental Evaluation & Control, Inc. Address: P.O. Box 5422 City: Columbus State: MS zin: 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 V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (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 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor Tile & Mastic, Window Caulking, Carpet & Mastic, Ceiling Material, Hot Water Supply & Return Pipe Insulation, Cold Water Pipe Joints Assumed Asbestos - Transite Panels VII. QUANTITY OF RACM TO BE REMOVED: 3200 S.F. Transite Panels Pipes (LN FT): Surface Area (SQ FT): 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: 8-21-23 Complete: 12-21-23 X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12-22-23 Complete: 9-30-24

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 & Removal, Wet Method, Double Bagging, Containment XIII. WASTE TRANSPORTER #1 Name: RES Inc. Address: 1041 CR 549 State: MS City: Ripley Zip: 38663 Tel: 662-837-4087 Contact Person: Shea Mask 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 Zip: 38863 State: MS Contact Person: Jeff Stanford Tel: 662-488-0444 XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Contain & 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. 10 M 08-04-23 Ron Robinson

(Signature of Owner/Operator)

(Signature of Owner/Operator)

(Date)

08-04-23

(Date)

Type or Print Name

Type or Print Name

Ron Robinson

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: