

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 6/24/2024	AI Number 37170
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): B932 Network Control Center, Rm 122				
Bldg. Name: B932 Network Control Center				
Address: US 45 Columbus Air Force Base				
City: Columbus		State: MS	Zip: 39705	
Site Location: Bldg #335, floor tile bathrm, pipe in Mech rm and windows windows winwindows			Tel: 601 481 4874	
Building Size: 9000		# of Floors: 1	Age in Years: > 20	
Present Use: occupied		Prior Use: office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: United States Air Force				
Address: Washington DC				
City: Washington		State: DC	Zip:	
Contact: Jason Alford			Tel: 601 481 4874	
ASBESTOS REMOVAL CONTRACTOR: Environmental Services				
Address: 253 Delk Road				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Joe venus			Tel: 6014081005	
Certification Number: 0001330			Expiration Date: Jan 2 2025	
OTHER OPERATOR: N/A				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date: 6/18/2024	
Inspector: Lee Roberts		Certification Number: 00009020	Expiration Date: Feb 7, 2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: asbestos floor tile and black mastic, Assumed				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 4,200 sf				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/27/24			Complete: 7/3/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A (not decided)			Complete:	

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

removal of floor tile and mastic using wet methods

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

Wet material and remove by hand using hand tools

XIII. WASTE TRANSPORTER #1

Name: Environmental Services

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: joe

Tel: 6014081005

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: ROBO Landfill

Address: 6447 Walalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Mr Roland Edwards

Tel: 601 662 793 4795

XV. 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):

XVI. FOR EMERGENCY RENOVATIONS: Military personal must be in secured area, has to be June 27-July 5

Date and Hour of Emergency (MM/DD/YY): 6/21/2024, 1:30 pm

Description of the sudden unexpected event:

Stop work call DEQ

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

Military personal must be at the secured area and they can only be there from June 27-July 5.

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:

Stop work call 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.

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

6/24/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

(Date)