

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
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) D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <u>OLD FANT BLDG</u>				
Address <u>503 Hwy 45 N</u>				
City: <u>COLUMBUS</u>	State: <u>MS</u>	Zip: <u>39705</u>		
Site Location: <u>503 Hwy 45 N</u>	Tel: <u>662-364-0846</u>			
Building Size <u>2,500 sq ft</u>	# of Floors: <u>1</u>	Age in Years: <u>50+</u>		
Present Use: <u>VACANT</u>	Prior Use: <u>HAIR SALON, RETAIL</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <u>COLUMBUS REDEVELOPMENT</u>				
Address: <u>523 MAIN ST</u>				
City: <u>COLUMBUS</u>	State: <u>MS</u>	Zip: <u>39701</u>		
Contact: <u>JEFF TURNAGE</u>	Tel: <u>662-364-0846</u>			
REMOVAL CONTRACTOR <u>EAC ENVIRONMENTAL</u>				
Address: <u>4546 CAL STEENSD</u>				
City: <u>CALEDONIA</u>	State: <u>MS</u>	Zip: <u>39740</u>		
Contact: <u>ED CLAY</u>	Tel: <u>662-386-6386</u>			
OTHER OPERATOR: <u>JONATHAN BURINS</u>				
Address: <u>1761 VAUGHN ROBERTSON RD</u>				
City: <u>STEENS</u>	State: <u>MS</u>	Zip: <u>39766</u>		
Contact: <u>JONATHAN BURINS</u>				
V. IS ASBESTOS PRESENT? (Yes/No) <u>REMOVED</u>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<u>ED CLAY, PIM, 06-13-19</u>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area <u>REMOVED</u>	<u>800 sq ft</u>			Sq Ft: <u>800</u> Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>09-21-20</u>		Complete: <u>09-24-20</u>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>10-05-20</u>		Complete: <u>10-15-20</u>		

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

HEAVY EQPT.

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

CONTAIN WORK AREA, USE AIR SCRUBBERS, WET METHOD REMOVAL, DOUBLE BAG

XII. WASTE TRANSPORTER #1

Name: ED CLAY

Address: 4546 CAI STEENS RD

City: CALEDONIA

State: MS

Zip: 39740

Contact Person: ED CLAY

Tel: 662-386-6386

WASTE TRANSPORTER #2

Name: GO BOX

Address: 100 ROSECREST DR.

City: COLUMBUS

State: MS

Zip: 39701

Contact Person: PAM BOLIN

Tel: 662-328-5642

XIII. WASTE DISPOSAL SITE

Name: 2080 LANDFILL

Address: 6447 WAHALAK RD

City: SCOBIA

State: MS

Zip: 39358

Tel: 662-793-4795

XIV. 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):

XV. 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:

XVI. 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:

CEASE WORK, NOTIFY OWNER & MDEQ

XVII. 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.

EDWARD CLAY (Type or Print Name) Ed Clay (Signature of Owner/Operator)

10-03-20 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDWARD CLAY (Type or Print Name) Ed Clay (Signature of Owner/Operator)

10-03-20 (Date)