Rev

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM APPLICATION FORM MAIL notification to: MDEO Asbestos and Lord Pure 1 1000 Pur

MDEQ Use Only: Al Number Email ☐ 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 Prior Use: Federal Courthouse Present 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 State: TX Zin: 76102 Contact: Matt Boehm Tel: 901-359-4903 ASBESTOS REMOVAL CONTRACTOR: Environmental Evaluation & Control. Inc. Address: P.O. Box 5422 City: Columbus State: MS Zip: 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 Zip: 35233 State: AL 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 Inspector: James Rizk Certification Number: ABI-00005364 Expiration Date: 09-21-2
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Expiration Date: 09-21-22 Floor Tile & Mastic, Window Caulking, Carpet & Mastic, Ceiling Material, Hot Water Supply & Return Pipe Insulation, Cold Water Pipe Joints VII. QUANTITY OF RACM TO BE REMOVED: 7,210 L.F. Duct Mastic; 6,000 L.F. Window Caulking; 22,000 S.F. FT/M; 1,000 S.F. Ceilings Pipes (LN FT): 2,400 L.F. Surface Area (SQ FT): Volume of Facility Components (CU FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category I: 8,000 S.F. Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4-18-23 Complete: 8-15-23 Complete: 9-30-24 X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07-27-22

XII. DESCRIPTION OF WORK PRACTICES AND DEMOLITION OR RENOVATION SITE:  Strip & Removal, Wet Method, D	R. C.	e used to prevent emissions of asbestos a ent, Glove Bag, Negative Air
XIII. WASTE TRANSPORTER #1		
Name: RES Inc.		albitus arcos Emgested A. e. socioti
Address: 1041 CR 549		Santa evel ingo hawatti.
City: Ripley	State: MS	zip: 38663
Contact Person: Shea Mask	) outo.	Tel: 662-837-4087
WASTE TRANSPORTER #2 N/A	Leading Committee in	3 & CUDASC 280
Name:	Scour Three A County your	san critican in practical and
Address:		AND THE SAME SAME AND ADDRESS OF THE
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: Three Rivers Landfill		
Address: 1904 Hwy 76 W		
City: Pontotoc	State: MS	Zip: 38863
Contact Person: Jeff Stanford		Tel: 662-488-0444
XV. IF DEMOLITION ORDERED BY A GOVER	NMENT AGENCY, PLEASE IDENTIF	Y THE AGENCY BELOW:
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):	Date Or	dered to Begin (MM/DD/YY):
XVI. FOR EMERGENCY RENOVATIONS: N/A		( )
Date and Hour of Emergency (MM/DD/YY):		and see
Description of the sudden unexpected event:		
		to the marting of the commentation of the program with
Explanation of how the event caused unsafe con	nditions or would cause equipment dan	nage or an unreasonable financial burden:
		STATE THE UNITED BY A REPORT OF THE STATE OF
XVII. DESCRIPTION OF PROCEDURES TO BI NONFRIABLE ASTESTOS MATERIAL BECOM		UNEXPECTED ASBESTOS IS FOUND OR PREVIOU REDUCED TO POWDER:
		ve air (HEPA filtered) equipment as
necessary. Seal asbestos in bag	, ,	
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAII ONSITE DURING THE DEMOLITION OR REN THIS PERSON WILL BE AVAILABLE FOR IN	OVATION, AND EVIDENCE THAT TH	REGULATION (40 CFR PART 61, SUBPART M) WILL IE REQUIRED TRAINING HAS BEEN ACCOMPLISHI IESS HOURS.
Ron Robinson	Ron Robins	04-04-23
Type or Print Name	(Signature of Owner/Op	erator) (Date)
	TIGHT OF STREET	
XIX. I CERTIFY THAT THE ABOVE INFORMAT Ron Robinson	TION IS CORRECT:	04-04-23