

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 02/03/2025	AI Number 37170
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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): Building 454 Hangar 4				
Bldg. Name: Building 454				
Address: 108 Simler Blvd 108 Simlar Blvd - CAFB				
City: Columbus		State: MS		Zip: 39710
Site Location: Building 454 Hangar 4				Tel: 662-434-1110
Building Size: 13,708		# of Floors: 1		Age in Years: 66
Present Use: Airplane HAngar			Prior Use: Airplane HAngar	
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: US Army Corp of Engineer				
Address: 109 Saint Joseph St				
City: Mobile		State: AL		Zip: 36602
Contact:				Tel: 251-690-2511
ASBESTOS REMOVAL CONTRACTOR: Ark Remediation, LLC				
Address: PO Box 780727				
City: Tallasse		State: AL		Zip: 36078
Contact: Tom Stuart				Tel: 3342835663
Certification Number: ABC-00009017			Expiration Date: 10/14/2025	
OTHER OPERATOR:				
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: 02/23/2010	
Inspector: Edward Lesniak		Certification Number: ABI-00001230		Expiration Date: 03/26/2010
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Gasket Material Inside Boiler Testing method was PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 1.67		Volume of Facility Components (CU FT):
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I:			Category II: X	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/17/2025 Complete: 2/21/2025				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

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

Asbestos Abatement of Gaskets within Boiler Tank. Method used will be manual scraping.

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

Containments, Negative Air Pressure, Wet Method

XIII. WASTE TRANSPORTER #1 Ark Remediation, LLC.

Name: Ark Remediation, LLC.

Address: PO Box 780727

City: Tallassee

State: AL

Zip: 36078

Contact Person: Tom Stuart

Tel: 334-283-5663

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE Stones Throw Landfill

Name: GFL Environmental

Address: 1303 Washington Blvd

City: Tallassee

State: AL

Zip: 36078

Contact Person:

Tel: 888-895-8696

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop Work Immediately

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.

Thomas Stuart

Type or Print Name

(Signature of Owner/Operator)

2/4/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Thomas Stuart

Type or Print Name

(Signature of Owner/Operator)

2/4/2025

(Date)