

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
DEC - 9 2016

Dept. of Environmental Quality

- I. TYPE OF NOTICE: Original Revision Canceled
 Annual Info. Only
- II. TYPE OF PROJECT: Renovation Demolition
 Ordered Demolition Emergency Renovation
- III. SITE INFORMATION: Name 15th Avenue Baptist Church
Description: Abatement of ceiling pipes
Address: 1318 15th St.
City: Meridian County: Lauderdale State: MS ZIP: 39301
Contact Person: Doug Tew Telephone: (601) 479-6261
- IV. OWNER INFORMATION: Name: 15th Ave. Baptist Church
Full Mailing Address: 1318 15th
Contact Person: Doug Tew Telephone: 601 479-6261
- V. ASBESTOS REMOVAL CONTRACTOR: Name: Southeast Environmental Group Inc.
Certification No.: ABC00001906 Expiration Date: March 17, 2017
Full Mailing Address: PO Box 433 / York, AL 36925
Contact Person: Johnny Rodgers Telephone: (205) 392-9308
- VI. CONTRACTOR (Other): Name: _____
Full Mailing Address: _____
Contact Person: Doug Tew Telephone: (601) 479-6261
- VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 12/20/16 Removal Project Stop: 1/20/2017
- VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 12/20/16 Project Stop: 1/20/17 Prep. Date: N/A
- IX. BUILDING INFORMATION: Bldg. Size (SQ FT): _____ Bldg. Size (LNFT): _____
No. of Floors: 2 Age in Years: approx 40 yrs
Present Use: Church use Prior Use: same / church
- X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: Yes No
Inspection Date: / / Asbestos Present? Yes No
Inspector: _____ Cert. No.: _____ Expiration Date: _____
Identify suspect materials sampled: _____
Laboratory Analysis: TEM _____ PLM _____ Other _____
Name of Laboratory: _____
- XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) 300 Sq ft Surface Area (SQ FT) _____
Volume of Facility Components (CU FT) _____
- XII. QUANTITY OF NONFRIABLE ASBESTOS _____ NOT REMOVED _____ TO BE REMOVED:
Category I: _____ Category II: _____
- XIII. WASTE TRANSPORTER: Name: Southeast Environmental Group Inc.
Full Mailing Address: PO Box 433 / York, AL 36925
Contact Person: Bertha Rodgers Telephone: 205 392-9308 / 205 499-9759

- Assumed -

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Pine Ridge Landfill
Physical Location: 520 Murphy Rd. Meridian, MS 39301
Full Mailing Address: P.O. Box 55 Emelle, AL 35459
Contact Person: Mrs. Virgilene Campbell Telephone: (205) 652-8151
*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: _____
Physical Location: _____
Full Mailing Address: _____
Contact Person: N/A Telephone: _____
*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):
 Strip & Removal Double Bagging Mechanical Chipping Component Removal
 Wrecking Ball Gross Demolition Remove Intact Bulldozer
 Containment Glove Bag Explode Negative Air
 Wet Method Roofing Saw Other - Explain Below: _____

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Removal of assumed pipes from church walls/ceiling
Remaining as much in tact as possible.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Areas to be removed will be handled in accordance with ACM regulations. will be handled in manner where no air emissions of airborne particles will be released.
*Will MDEQ be notified of any significant changes? () Yes () No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: _____ Title: _____
Authority: N/A
Date of Order: _____ Date Demolition to Begin: ____/____/____

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: N/A Time: _____
Description of the sudden, unexpected event: _____

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

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.

Bertha Rodgers
Type or Print Name & Title

Bertha Rodgers
Signature

12-7-76
Date

MAIL TO: Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225
(601) 961-5171

Physical Address 515 Amite Street
Jackson, MS 39201