

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please Type or Print Legibly

Incomplete Notices will NOT meet notification requirements.

Revised: 02/00

71019

I. TYPE OF NOTICE: Original Revision Canceled
 Annual Info. Only

II. TYPE OF PROJECT: Renovation Demolition
 Ordered Demolition Emergency Renovation

III. SITE INFORMATION: Name: Poplar Springs Baptist Church
Description: 4032 Poplar Springs Drive Meridian, MS 39305
City: Meridian County: Lauderdale State: MS Zip: 39305
Contact Person: Kenneth Joyner Telephone: 601-626-8318

IV. OWNER INFORMATION: Name: Poplar Springs Baptist Church
Full Mailing Address: 4032 Poplar Springs Drive Meridian, MS 39305
Contact Person: John Temple Telephone: 601-485-5106

V. ASBESTOS REMOVAL CONTRACTOR: Name: Abatement Contractors of MS, Inc.
Certification No: ABC-00003976 Exp. Date: September 11, 2017
Full Mailing Address: 761 Weathersby Rd. ; Hattiesburg, MS 39402
Contact Person: Charles W. Anderson, Jr. Telephone: 601.336.5131

VI. CONTRACTOR (Other): Name: J & J Contractors, Inc.
Full Mailing Address: P.O. Box 6 Collinsville, MS 39325
Contact Person: Kenneth Joyner Telephone: 601-626-8318

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: December 20, 2016 Removal Project Stop: January 15, 2017

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: _____ Project Stop: _____

IX. BUILDING INFORMATION: Bldg. Size: over 5000 s/f Bldg. Size: _____
No. of Floors: _____ Age in Years: over 30
Prior Use: Church Building Present Use: Church Building

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? Yes No Assumed To Be
Inspection Date: _____ Asbestos Present?: Yes No
Inspector: _____ Cert. No.: _____ Exp. Date: _____
Identify suspect materials sampled: _____
Laboratory Analysis: TEM PLM Other: _____
Name of Laboratory: _____

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes: _____ Surface Area: _____
Volume of Facility Components (Cu. Ft.): _____

XII. QUANTITY OF NONFRIABLE ASBESTOS: Not To Be Removed To Be Removed
Category I: 3500 s/f tile mastic Category II: _____

XIII. WASTE TRANSPORTER: Name: Abatement Contractors of MS, Inc.
Full Mailing Address: 761 Weathersby Rd., Hattiesburg, MS 39402
Contact Person: Charles W. Anderson, Jr. Telephone: 601-336-5131

RECEIVED
DEC 15 2016
Dept. of Environmental Quality

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XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Central Lanfill
Physical Location: Mc Neill MS
Full Mailing Address:
Contact Person: Telephone:
* All asbestos debris should go to a permitted sanitary landfill.

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

XVI. REMOVAL/DEMOLITION PROCEDURES TO BE USED (check all that apply):
[] Strip & Removal [] Double Bagging [] Mechanical Chipping [] Component Removal
[] Wrecking Ball [] Gross Removal [] Remove Intact [] Bull Dozer
[] Partial Containment [] Glove Bag [] Explode [] Negative Air
[] Wet Method [] Roofing Saw [] Other (Explain Below):

XVII. DESCRIPTION OF PLANNED DEMOLITION OR REMOVAL WORK:

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Stop work notify
*Will MDEQ be notified of any significant changes? [] Yes [] No

XIX. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: Title:
Authority:
Date of Order: Date of Demolition Begin:

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date and Time of Emergency:
Description of the sudden, unexpected event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

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 the above information is correct.
Charles W. Anderson, Jr. DATE:
MAIL-TO: Office of Pollution Control or P.O. Box 2261
515 E. Amite Street Jackson, MS 39225
Jackson, MS 39201
(601) 961-5171