

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM**

*Please type or print legibly.*

Incomplete notices will not meet notification requirements.

Revised: 2/00

**I. TYPE OF NOTICE:** (X) Original ( ) Revision ( ) Canceled  
( ) Annual ( ) Info. Only

**II. TYPE OF PROJECT:** (X) Renovation ( ) Demolition  
( ) Ordered Demolition ( ) Emergency Renovation

**III. SITE INFORMATION:** Name: \_\_\_\_\_  
Description: St. Francis Church  
Address: 227 so Cherokee St.  
City: Brookhaven County: Lincoln State: MS Zip: \_\_\_\_\_  
Contact Person: E. Gennaro Telephone: 601 757-7580

**IV. OWNER INFORMATION:** Name: St. Francis Church  
Full Mailing Address 227 E. Cherokee  
Contact Person: same Telephone: \_\_\_\_\_

**V. ASBESTOS REMOVAL CONTRACTOR:** Name: EMP  
Certification No.: ABC 1568 Exp. Date: 4/8/17  
Full Mailing Address: PO BOX 9361 Jackson, MS 39286  
Contact Person: Alfred Martin Telephone: 601 922-1919

**VI. CONTRACTOR (Other):** Name: E. Gennaro  
Full Mailing Address: 3770 Gerraro Lane, Brookhaven Wesson, MS 39191  
Contact Person: Gennaro Phone: 601 757-7580

**VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 2/14/2017 Removal Project Stop: 2/15/17

**VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: 2/2/17 Project Stop: 2/30/17 Prep. Date:  / /

**IX. BUILDING INFORMATION:** Bldg. Size (SQ FT): Appr. 5,000sf  
No. of Floors one Age in Years: 50 +  
Present Use: Church Prior Use: church

**X. ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos? ( ) yes (X) no ASSUMED  
Inspection Date: \_\_\_\_\_ Asbestos Present? (X) yes ( ) no ASSUMED  
Inspector: Alfred Martin Cert. No.: ABI - 1570 Exp. Date: 4/8/17  
Identify suspect materials sampled: FT and Mastic assumed  
Laboratory Analysis: TEM \_\_\_\_\_ PLM \_\_\_\_\_ Other visual  
Name of Laboratory: \_\_\_\_\_

**XI. QUANTITY OF RACM TO BE REMOVED:**  
Pipes (LN FT) \_\_\_\_\_ Surface Area (SQ FT) \_\_\_\_\_  
Volume of Facility Components (CU FT) \_\_\_\_\_

**XII. QUANTITY OF NONFRIABLE ASBESTOS - \_\_\_\_\_ NOT REMOVED \_\_\_\_\_ x TO BE REMOVED:**  
Category I: Appr. 2,000sf FT and Mastic Category II: /

**XIII. WASTE TRANSPORTER:** Name: EMP  
Full Mailing Address: PO BOX 9361 Jackson, MS  
Contact Person: Alfred Telephone: 601 922-1919

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STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Republic Little Dixie
Physical Location: West County Line Ridgeland, MS
Full Mailing Address:
Contact Person: Earline Telephone: 601 982-9488
• 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: 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 X Double Bagging Mechanical Chipping Component Removal
Wrecking Ball Gross Demolition Remove Intact Bulldozer
Containment Glove Bag Explode Negative Air
X Wet Method Roofing Saw Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
1. Wet then abate ACM.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Stop work and alert owner.
\*Will MDEQ be notified of any significant changes? (x) yes ( ) no

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

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: / / , Time: :
Description of the sudden, unexpected event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:
The church area had to be shut down during the work. They are trying to be able to get back in as soon as possible. Affecting church service.

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.
Alfred L. Martin, Jr. Alfred L. Martin, Jr. 2/10/17
Type or Print Name and Title Signature Date

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