

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
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) D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Mount Zion Baptist Church				
Bldg. Name: Youth Center				
Address 1791 Lake Lowndes Road				
City: Columbus	State: MS	Zip: 39702		
Site Location: Corner of Lake Lowndes Road & New Hope Road			Tel: 662-251-3990	
Building Size 4,000 S.F.	# of Floors: 2	Age in Years: 25+		
Present Use: Youth Building	Prior Use: Youth Building			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Mount Zion Baptist Church				
Address: 1791 Lake Lowndes Road				
City: Columbus	State: MS	Zip: 39702		
Contact: Darwin Holliman			Tel: 662-251-3990	
REMOVAL CONTRACTOR Environmental Evaluation & Control, Inc.				
Address: P.O. Box 5422				
City: Columbus	State: MS	Zip: 39704		
Contact: Ron Robinson			Tel: 662-328-2286	
OTHER OPERATOR: Darwin Holliman Construction, Inc.				
Address: 16 Greyhound Road				
City: Columbus	State: MS	Zip: 39702		
Contact: Darwin Holliman 662-251-3990				
V. IS ASBESTOS PRESENT? (Yes/No) Yes				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
CEI Labs, PLM Method Ron Robinson ABI-00001499 Inspected 11/02/15				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below		
		Category I	Category II	UNIT
Pipes	Drywall 6,500 S.F.			Ln Ft: Ln M:
Surface Area	FT/M 3,000 S.F.			Sq Ft: 6,500 3,000 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/08/17		Complete: 03/22/17		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/23/17		Complete: 03/29/17		

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Dept. of Environmental Quality

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

Site to be demolished by bulldozer

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

Containment, wet method, double bagging, hand tools - negative air

XII. WASTE TRANSPORTER #1

Name: J.B. Construction

Address: P.O. Box 715

City: Millport

State: AL

Zip: 35576

Contact Person: Jeremy Burns

Tel: 662-574-9477

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: RoBo Landfill

Address: Route 1, Box 33A

City: Scooba

State: MS

Zip: 39361

Tel: 662-793-4795

XIV. 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):

XV. 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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

XVII. 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.

Ron Robinson

Ron Robinson
(Signature of Owner/Operator)

2-22-17

(Date)

Type or Print Name

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson

Ron Robinson
(Signature of Owner/Operator)

2-22-17

(Date)

Type or Print Name