

# 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) <b>O</b>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: <b>Oxford University United Methodist Church</b>							
Address: <b>424 South 10th St.</b>							
City: <b>Oxford</b>				State: <b>MS</b>		Zip: <b>38655</b>	
Site Location:							
Building Size: <b>10,000 sq ft</b>				# of Floors: <b>2</b>		Age in Years: <b>50+</b>	
Present Use: <b>Church</b>				Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <b>Oxford University UMC Church</b>							
Address: <b>424 S. 10th St.</b>							
City: <b>Oxford</b>				State: <b>MS</b>		Zip: <b>38655</b>	
Contact: <b>Russ McEllan</b>							
REMOVAL CONTRACTOR: <b>Environmental Management Plus, Inc.</b>							
Address: <b>P.O. Box 9361</b>							
City: <b>Jackson</b>				State: <b>MS</b>		Zip: <b>39286</b>	
Contact: <b>Alfred L. Martin, Jr. Ph.D.</b>							
OTHER OPERATOR:							
Address:							
City:				State:		Zip:	
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No)							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>PLM - Joe Drapula ABI 3042 - 3/2016</b>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:							
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
			Category I	Category II	UNIT		
Pipes					Ln Ft:	Ln M:	
Surface Area <b>floor tile, mastic, ceiling tile</b>					Sq Ft: <b>2000</b>	Sq M:	
Vol RACM Off Facility Component					Cu Ft:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/1/2017</b>						Complete: <b>5/26/17</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:						Complete:	

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Dept. of Environmental Quality

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

Removal of asbestos floor tile, mastic and ceiling texture

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

Wet removal of acm under negative pressure.

XII. WASTE TRANSPORTER #1

Name: Waste Connection

Address: P.O. Box 96

City: Walnut

State: MS

Zip: 38683

Contact Person: Sylvia Patterson

Tel: 662-315-0012

WASTE TRANSPORTER #2

Name:

N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Regional Landfill

Address: P.O. Box 690

City: Pontotoc

State: MS

Zip: 38863

Tel: 662-489-2415

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:

All work will be halted until further inspections conducted

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.

Type or Print Name

(Signature of Owner/Operator)

4/12/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Type or Print Name

(Signature of Owner/Operator)

4/12/17

(Date)