

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)			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo + Reno			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Two story			
Bldg. Name: New Jerusalem Church			
Address 2361 Oakhurst Dr.			
City: Jackson	State: MS	Zip: 39204	
Site Location: Jackson		Tel: 601-259-4317	
Building Size 25,000 SF	# of Floors: 2	Age in Years: 40+ yrs	
Present Use: Church office	Prior Use: Church office		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: same as above			
Address:			
City:	State:	Zip:	
Contact: Alvin Jackson	Tel: 601-259-4317		
REMOVAL CONTRACTOR Socrates Garrett Enterprises			
Address: 2659 Livingston Road			
City: Jackson	State: MS	Zip: 39213	
Contact: Joseph Antoine	Tel: 601-212-9555		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:			
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): Assumed 12x12 on Mastic			
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		Category I	Category II
RACM To Be Removed 10,000 SF		Indicate Unit of Measurement Below UNIT square feet	
Pipes		Ln Ft:	Ln M:
Surface Area		Sq Ft:	Sq M:
Vol RACM Off Facility Component		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/2/2017		Complete: 5/15/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/15/2017		Complete: 8/15/2017	

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

Remove Floor tile and Replace Floor tile

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

Keep Material Wet

XII. WASTE TRANSPORTER #1

Name: Socrater Garrett Enterprise

Address: 2659 Livingston Road

City: Jackson

State: MS

Zip: 39212

Contact Person: Joseph Antonio

Tel: 601-212-9555

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Land fill

Address: 1716 E county line Rd

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

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:

stop work notify DEP

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.

Joseph Antonio

(Signature of Owner/Operator)

4/18/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antonio

(Signature of Owner/Operator)

4/18/2017

(Date)