

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) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) CHURCH				
Bldg. Name: FIRST BAPTIST CHURCH, COLUMBIA, MS 39429				
Address 900 HIGH SCHOOL AVENUE,				
City: COLUMBIA	State: MS	Zip: 39429		
Site Location:		Tel:		
Building Size	# of Floors: 2	Age in Years: 50+		
Present Use: CHURCH	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: FIRST BAPTIST CHURCH OF COLUMBIA				
Address: 900 HIGH SCHOOL AVENUE				
City: COLUMBIA	State: MS	Zip: 39429		
Contact: RANDY ROWELL		Tel:		
REMOVAL CONTRACTOR JOHN REID, DBA REID ABATEMENT				
Address: 1621 CLEARVIEW CIRCLE				
City: COLUMBIA	State: MS	Zip: 39429		
Contact: JOHN REID		Tel: 601 441 5290		
OTHER OPERATOR: PAUL JACKSON & SON				
Address:				
City: BROOKHAVEN	State: MS	Zip: 39601		
Contact: GUY NELSON				
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):				
WILLIE NESTER, ABI 00002244, EXP 1-21-2017, DATE OF INSPECTION 7-27-2016, PLM, EMSL BATON ROUGE				
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	
Pipes	10			Ln Ft: X Ln M:
Surface Area		9000		Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-1-2017 Complete: 8-3-2017				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-1-2017 Complete:				

RECEIVED

APR 21 2017

Dept. of Environmental Quality

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

REMOVE ROOFING WITH ROOF CUTTER, REMOVE TSI METHOD

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

WET METHOD, ROOF CUTTER, GLOVE BAG IN BOILER ROOM

XII. WASTE TRANSPORTER #1

Name: **COSTAL DISPOSAL**

Address: **1130 HWY 63 SOUTH**

City: **LUCEDALE**

State: **MS**

Zip: **39452**

Contact Person: **LOGAN CUMBEST**

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **MACLAND DISPOSAL**

Address: **HWY 63**

City: **ESCATAWPA**

State: **MS**

Zip:

Tel: **228 475 9747**

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: **NA**

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:

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.

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

04-21-2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

04-21-2017

(Date)