

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) 0					
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) (House)					
Bldg. Name: <u>Calvary Baptist Church</u> House					
Address: 705 <u>705</u> <u>39th Ave.</u>					
City: <u>Meridian</u> State: <u>MS</u> Zip: <u>39301</u>					
Site Location: <u>Meridian</u> Tel: <u>601-938-5769</u>					
Building Size: <u>1700 sq ft</u> # of Floors: <u>1</u> Age in Years: <u>over 30</u>					
Present Use: <u>Abandoned</u> Prior Use: <u>House</u>					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>Calvary Church</u>					
Address: <u>3915 8th ST</u>					
City: <u>Meridian</u> State: <u>MS</u> Zip: <u>39301</u>					
Contact: <u>Dr. Seals</u> Tel: <u>601-938-5769</u>					
REMOVAL CONTRACTOR					
Address: <u>1789 Mt. Zion Rd.</u>					
City: <u>Meridian</u> State: <u>MS</u> Zip: <u>39111</u>					
Contact: <u>John Lee</u> Tel: <u>601-519-8281</u>					
OTHER OPERATOR: <u>Earl Logan</u>					
Address: <u>2346 Front ST.</u>					
City: <u>Meridian</u> State: <u>MS</u> Zip: <u>39301</u>					
Contact: <u>Earl Logan</u>					
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): <u>Remove siding by hand, with Wiley Quinn insp.</u>					
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	UNIT
Pipes				Ln Ft:	Ln M:
Surface Area	<u>1,700</u>			Sq Ft: <u>1,700</u>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>6-12-17</u> Complete: <u>6-12-17</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>6-13-17</u> Complete: <u>6-14-17</u>					

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

Removal of Truss Siding
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: wet siding during removal.

XII. WASTE TRANSPORTER #1

Name: John Lee

Address: 1728 Mt. Zion Rd.

City: Magee State: MS

Contact Person: John Lee Tel: 601-519-8281

WASTE TRANSPORTER #2

Name:

Address:

City:

Contact Person:

XIII. WASTE DISPOSAL SITE

Name: Waste Management

Address: 520 Murphy Rd.

City: Meridian State: MS Zip: 39301

Tel: 601-483-0715

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

Name:

Authority:

Date of Order (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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:
Notify DEQ wet and confine to remove ACM.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 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.

Type or Print Name: John Lee Signature of Owner/Operator: John Lee Date: 6-2-17

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name: John Lee Signature of Owner/Operator: John Lee Date: 6-2-17