

# 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) <u>Original</u>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>Demo</u>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: <u>New Testament Baptist Church</u>							
Address <u>608 Tuscan Ave</u>							
City: <u>Hattiesburg</u>		State: <u>MS</u>		Zip: <u>39401</u>			
Site Location: <u>Tuscan Ave</u>				Tel: <u>601-584-9296</u>			
Building Size <u>33,000sf</u>		# of Floors:		Age in Years:			
Present Use: <u>Church</u>		Prior Use: <u>Church</u>					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>DD&amp;D LLC</u>							
Address: <u>5307 Lansdowne Drive</u>							
City: <u>Mobile</u>		State: <u>AL</u>		Zip: <u>36693</u>			
Contact: <u>Christopher Davis</u>				Tel: <u>251-423-7631</u>			
REMOVAL CONTRACTOR <u>Anderson Environmental Services</u>							
Address: <u>P.O. Box 16891</u>							
City: <u>Jackson</u>		State: <u>MS</u>		Zip: <u>39236</u>			
Contact: <u>Christopher Davis or Daryl Anderson</u>				Tel: <u><del>251</del> 601-940-4644</u>			
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) <u>YES</u>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			RACM To Be Removed  Category I      Category II		UNIT		
<u>Surface Area Floor Tile/mastic</u> <u>Plugs</u>			<u>PT</u> <u>✓</u>		<u>Sq Ft</u> <u>28,000</u> Ln M: <u>Ln Ft</u>		
<u>Surface Area</u>			<u>Ceiling</u> <u>✓</u>		<u>Sq Ft</u> <u>30,000</u> Sq M: <u>284</u>		
<u>Vol RACM Off Facility Component</u> <u>ext window putty</u>			<u>✓</u>		<u>Cu Ft</u> <u>824</u> Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>06/19/17</u>				Complete: <u>7/19/17</u>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>7/18/17</u>				Complete: <u>8/18/17</u>			

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

Wet method, Strip & Removal, Containment, Double bagging, Negative Air

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

608 Tuscan Avenue - Hattiesburg, MS

XII. WASTE TRANSPORTER #1

Name: McDevitt Enterprises

Address: 669 Mitchum Road

City: Meridian

State: MS

Zip: 39301

Contact Person: Randy

Tel: 601-483-1514

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional

Address: 5274 MS 29

City: Osprey

State: MS

Zip: 39464

Tel: 601-545-6676

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:

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.

Paul Anderson

(Signature of Owner/Operator)

6/6/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

(Signature of Owner/Operator)

6/6/17

(Date)

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