

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>O</u> | | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>D</u> | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number) | | | |
| Bldg. Name: <u>ADATON BAPTIST CHURCH - OLD SANTUARY & CLASSROOMS</u> | | | |
| Address <u>2872 Hwy 182W</u> | | | |
| City: <u>STARKVILLE</u> | State: <u>MS</u> | Zip: <u>39759</u> | |
| Site Location: <u>2872 Hwy 182W</u> | Tel: <u>662-323-3735</u> | | |
| Building Size <u>2,200 SF</u> | # of Floors: <u>2</u> | Age in Years: <u>50+</u> | |
| Present Use: <u>VACANT</u> | Prior Use: <u>SANTUARY & CLASSROOMS</u> | | |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | |
| OWNER NAME: <u>ADATON BAPTIST CHURCH</u> | | | |
| Address: <u>2872 Hwy 182W</u> | | | |
| City: <u>STARKVILLE</u> | State: <u>MS</u> | Zip: <u>39759</u> | |
| Contact: <u>WILLIAM POLING</u> | Tel: <u>662-769-8809</u> | | |
| REMOVAL CONTRACTOR <u>ASBESTOS - EDWARD CLAY EAC ENVIRONMENTAL</u> | | | |
| Address: <u>4546 CAL STEENS RD</u> | | | |
| City: <u>CALEDONIA</u> | State: <u>MS</u> | Zip: <u>39740</u> | |
| Contact: <u>EDWARD CLAY</u> | Tel: | | |
| OTHER OPERATOR: <u>DEMOLITION - BUDDY PRISOCK</u> | | | |
| Address: | | | |
| City: <u>STARKVILLE</u> | State: <u>MS</u> | Zip: <u>39759</u> | |
| Contact: <u>BUDDY PRISOCK</u> | <u>662-769-2190</u> | | |
| 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): | | | |
| <u>NO INSPECTION WAS PERFORMED - EAC - CONTRACTED TO REMOVE TRANSITE</u> | | | |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: | | Nonfriable Asbestos Material Not To Be Removed | |
| 1. Regulated ACM to be Removed | | Category I | Category II |
| 2. Category I ACM Not Removed | | | |
| 3. Category II ACM Not Removed | | | |
| Pipes | | | Ln Ft: Ln M: |
| Surface Area | <u>TRANSITE</u> | | Sq Ft: <u>1200</u> Sq M: |
| Vol RACM Off Facility Component | | | Cu Ft: Cu M: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>06-22-17</u> | | Complete: <u>06-26-17</u> | |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>TO BE DETERMINED</u> | | Complete: | |

RECEIVED
JUN 18 2017
Dept. of Environmental Quality

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

STRUCTURE TO BE DEMOLISHED WITH HEAVY EQUIPMENT

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

WET METHOD

XII. WASTE TRANSPORTER #1

Name: GO BOX

Address: 100 ROSECREST DRIVE

City: COLUMBUS

State: MS

Zip: 39701

Contact Person:

Tel: 662-328-5642

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE - ASBESTOS - ROBO LANDFILL

Name: ROLAND EDMONDS

Address: 6447 WAHALAK RD

City: SHUQUALAK

State: MS

Zip: 39358

Tel:

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:

CEASE WORK CONTACT OWNER & MDEQ DEVELOP A PLAN OF ACTION

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.

EDWARD CLAY *Edward Clay*
Type or Print Name (Signature of Owner/Operator)

06-08-17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDWARD CLAY *Edward Clay*
Type or Print Name (Signature of Owner/Operator)

06-08-17
(Date)