

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) R Revised					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R Renovation					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Three stories					
Bldg. Name: New Jerusalem Church					
Address: 2361 Patchurst Dr.					
City: Jackson	State: MS	Zip: 39204			
Site Location: Jackson		Tel: 601-258-4317			
Building Size: over 30,000 SF	# of Floors: 3	Age in Years: over 40 yrs			
Present Use: offices	Prior Use: church offices				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: same					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
REMOVAL CONTRACTOR					
Address: 2639 Livingston Rd					
City: Jackson	State: MS	Zip: 392			
Contact: Joseph Antoina		Tel: 601-212-9555			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
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): 9x9 floortile/mastic. blue dot Assured					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	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		Category I	Category II	UNIT	
Pipes	Floortile blue dots		✓	Ln Ft: 5,500	Ln M:
Surface Area				Sq Ft: 2,500	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/3/2017 Complete: 7/21/2017					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/21/2017 Complete: 9/21/2017					

RECEIVED

JUN 19 2017

Dept. of Environmental Quality

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:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Little Dixie Landfill

Address:

1716 E County Line Rd

City:

Ridgeland

State:

MS

Zip:

39157

Tel:

601-982-8488

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 OEA

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

Type or Print Name

(Signature of Owner/Operator)

6/19/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antonio

Type or Print Name

(Signature of Owner/Operator)

6/19/2017

(Date)