

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				
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) ADATON BAPTIST CHURCH				
Bldg. Name: OLD SANCTUARY				
Address 2872 Hwy 182 W				
City: STARKVILLE	State: MS	Zip: 39759		
Site Location: 2872 Hwy 182 W			Tel:	
Building Size 2,500 sqft	# of Floors: 2	Age In Years: 35+		
Present Use: VACANT	Prior Use: CHURCH SANCTUARY & CLASSROOMS			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: ADATON BAPTIST CHURCH				
Address: 2872 Hwy 182 W				
City: STARKVILLE	State: MS	Zip: 39759		
Contact: William Boling	Tel: 662-769-8809			
REMOVAL CONTRACTOR ASBESTOS - EDWARD CLAY - FAC ENVIRONMENTAL				
Address: 4546 CAL STEELS RD				
City: CALEDONIA	State: MS	Zip: 39740		
Contact: ED CLAY	Tel:			
OTHER OPERATOR: DEMOLITION - BUDDY PRISOCK				
Address:				
City: STARKVILLE	State: MS	Zip: 39759		
Contact: BUDDY PRISOCK	662-769-2190			
V. IS ASBESTOS PRESENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include Inspector name and date of inspection):				
INSPECTED BY ED CLAY 6-26-17 METHOD: PLM				
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
Pipes				Ln Ft: Ln M:
Surface Area TRANSIT, MASTIC ^{409 ft}	1,200			Sq Ft 1,200 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-10-17 Complete: 7-14-17				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TO BE DETERMINED Complete:				

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
G

Name: **GO BOX**
Address: **100 ROSECREST DRIVE**
City: **Columbus** State: **MS** Zip: **39701**
Contact Person: **Pam BAIN** Tel: **662-328-5642**

WASTE TRANSPORTER #2
Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIII. WASTE DISPOSAL SITE **ROBO LANDFILL**

Name: **ROLAND EDMONDS**
Address: **6447 WYHALAK RD**
City: **SHILOH LAKE** State: **MS** Zip: **39358**
Tel: **662-793-4795**

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, DEVELOP A PLAN OF ACTION, CONTACT OWNER, RE-ASSESS NOTICE

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* **06-28-17**
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
EDWARD CLAY *Edward Clay* **06-28-17**
Type or Print Name (Signature of Owner/Operator) (Date)