

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)							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: <u>New Testament Baptist Church</u>							
Address: <u>608 Tuscan Avenue</u>							
City: <u>Hattiesburg</u>		State: <u>MS</u>		Zip: <u>39401</u>		<div style="transform: rotate(-15deg);"> RECEIVED JUL 10 2017 Dept. of Environmental Quality </div>	
Site Location: <u>608 Tuscan</u>				Tel: <u>601-582-3446</u>			
Building Size: <u>27063</u>		# of Floors: <u>3</u>		Age in Years: <u>53</u>			
Present Use: <u>None</u>		Prior Use: <u>Church</u>					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: ^{Decon} <u>Larry M. Nick</u>							
Address: <u>1101 Cedar Street</u>							
City: <u>Hattiesburg</u>		State: <u>MS</u>		Zip: <u>39401</u>			
Contact: <u>Larry M. Nick</u>				Tel: <u>601-582-3446</u> ^(C) <u>601-307-5553</u>			
REMOVAL CONTRACTOR <u>Frederick Environmental LLC</u>							
Address: <u>1422 James St.</u>							
City: <u>Hattiesburg</u>		State: <u>MS</u>		Zip: <u>39401</u>			
Contact: <u>Frederick Smith</u>				Tel: <u>601-918-2568</u>			
OTHER OPERATOR: <u>Chris Davis Tropical Word/DD+D LLC</u>							
Address: <u>315 Teagarden Road</u>							
City: <u>Gulfport</u>		State: <u>MS</u>		Zip: <u>39507</u>			
Contact: <u>Chris Davis</u>							
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):							
<u>Anderson Environmental Inspector Paul Anderson on May 12, 2017</u>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
				Category I	Category II		
1. Regulated ACM to be Removed			None	None	None	UNIT	
2. Category I ACM Not Removed							
3. Category II ACM Not Removed							
Pipes			<u>None</u>	<u>None</u>	<u>None</u>	Ln Ft:	Ln M:
Surface Area			<u>27,063</u>	<u>6,660</u>	<u>21,403</u>	Sq Ft: <u>27063</u>	Sq M:
Vol RACM Off Facility Component						Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>07-19-2017</u>				Complete: <u>08-19-2017</u>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Safe handling is the main goal.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Abatement and keep everything wet at all times.

XII. WASTE TRANSPORTER #1

Martin Recycle

Name: Fred Martin

Address: 1896 Purvis P.O. Box 1896

City: Purvis

State: MS

Zip: 39475

Contact Person: Fred Martin

Tel: 601-818-0460

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Petal Pine Belt Regional Landfill

Name: Pine Belt Reg. SWMA

Address: P.O. Box 389

City: Petal

State: MS

Zip: 39465

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Wet it then contain it and double bag it for disposal safely.

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.

Frederick J. Smith

Type or Print Name

(Signature of Owner/Operator)

7-7-2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Frederick J. Smith

Type or Print Name

(Signature of Owner/Operator)

7-7-2017

(Date)