

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

RECEIVED
JUL 17 2017
Dept. of Environmental Quality

Operator Project #		Postmark 7-14-2017		Date Received (MDEQ use only)		Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Basement Mechanical							
Bldg. Name: First Baptist Church							
Address 507 West 5th street							
City: Laurel			State MS		Zip: 39441		
Site Location: same						Tel:	
Building Size 50,000 sqft plus			# of Floors 4		Age in Years 25 plus		
Present Use: Church			Prior Use: church				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: First Baptist Church							
Address: 507 west 5th Street							
City: Laurel			State: MS		Zip: 39441		
Contact: Doug Jeffcoat						Tel: 601-433-2530	
REMOVAL CONTRACTOR Specialty Abatement Services Inc							
Address: 260 Rawls Spring Loop Rd							
City: Hattiesburg			State MS		Zip: 39402		
Contact: W H Stamps						Tel: 601-264-5550	
OTHER OPERATOR:							
Address:							
City:			State:		Zip:		
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) Yes - Duct , Pipe , and tank .							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):							
Enviromental Services , Joe Venus , Delk Rd Hattiesburg MS , PLM sampling							
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		UNIT	
				Category I		Category II	
Pipes				800		Ln Ft: X Ln M:	
Surface Area				1100		Sq Ft: X Sq M:	
Vol RACM Off Facility Component						Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/31/17 Complete: 08/11/17							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/31/17 Complete: 08/11/17							

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

Removal of mechanical insulation using wet methods under class 1 containment

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

Containment will be established using poly critical barriers and neg airs . All ACM will be wetted and manually removed ,

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services Inc

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: W H Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional

Address: hwy 29 n

City: Runnelstown

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

All work will stop . MDEQ will be notified . Abatement plan will be developed .

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.

James S Yawn II

Type or Print Name

James S. Yawn II
(Signature of Owner/Operator)

7/14/17

(Date)

XVIII I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

James S Yawn II

Type or Print Name

James S. Yawn II
(Signature of Owner/Operator)

7/14/17

(Date)