

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED
AUG 11 2017
 Dept. of Environmental Quality

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>Cottrell CME Church</u>					
Address: <u>1001 Edwards Street</u>					
City: <u>Hattiesburg</u>	State: <u>MS</u>	Zip: <u>39401</u>			
Site Location: <u>1001 Edwards Street</u>			Tel: _____		
Building Size: <u>4883</u>	# of Floors: <u>2</u>	Age in Years: _____			
Present Use: <u>none</u>	Prior Use: <u>Church</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>Chris Davis (General Contractor)</u>					
Address: <u>315 Teagarden Road</u>					
City: <u>Gulfport</u>	State: <u>MS</u>	Zip: <u>39507</u>			
Contact: <u>Chris Davis</u>	Tel: <u>251-423-7631</u>				
REMOVAL CONTRACTOR: <u>Frederick Environmental LLC.</u>					
Address: <u>1422 James Street</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>Al Love Inspector Al Love July 4 2017</u>					
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	<u>none</u>	<u>none</u>	<u>none</u>	LnFt:	Ln M:
Surface Area	<u>4883</u>	<u>4883</u>	<u>none</u>	SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>08-16-2017</u>				Complete: <u>08-25-2017</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 during removal.

XII. WASTE TRANSPORTER #1

Frederick Environmental LLC

Name: Frederick Smith

Address: 1422 James Street

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Frederick Smith

Tel: 601-918-2568

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

Same

XIII. WASTE DISPOSAL SITE

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):

NONE

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 S Smith

(Signature of Owner/Operator)

08-16-2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Frederick S Smith

(Signature of Owner/Operator)

08-10-2017

(Date)