

# 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) <span style="float: right;">O</span>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">D</span>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <span style="float: right;">Mt Carmel Baptist Church</span>				
Address <span style="float: right;">1101 North Main Street</span>				
City: <span style="float: right;">Hattiesburg</span>	State: <span style="float: right;">MS</span>	Zip: <span style="float: right;">39401</span>		
Site Location: <span style="float: right;">1101 North Main Street, Hattiesburg, MS</span>		Tel: <span style="float: right;">601-583-4943</span>		
Building Size <span style="float: right;">~10000</span>	# of Floors: <span style="float: right;">2</span>	Age in Years: <span style="float: right;">25+</span>		
Present Use: <span style="float: right;">Commercial</span>	Prior Use: <span style="float: right;">Commercial</span>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <span style="float: right;">Mt. Carmel Baptist Church</span>				
Address: <span style="float: right;">1101 North Main Street</span>				
City: <span style="float: right;">Hattiesburg</span>	State: <span style="float: right;">MS</span>	Zip: <span style="float: right;">39401</span>		
Contact:	Tel:			
REMOVAL CONTRACTOR <span style="float: right;">M and M Services, Inc.</span>				
Address: <span style="float: right;">Post Office Box 68431</span>				
City: <span style="float: right;">Jackson</span>	State: <span style="float: right;">MS</span>	Zip: <span style="float: right;">39286</span>		
Contact: <span style="float: right;">Dale McGuffie</span>	Tel: <span style="float: right;">601-982-8695</span>			
OTHER OPERATOR: <span style="float: right;">N/A</span>				
Address: <span style="float: right;">N/A</span>				
City: <span style="float: right;">N/A</span>	State: <span style="float: right;">N/A</span>	Zip: <span style="float: right;">N/A</span>		
Contact:	N/A			
V. IS ASBESTOS PRESENT? (Yes/No) <span style="float: right;">Yes</span>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Albert L. Love 7/4/2017</div>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		Category I	Category II	UNIT
Pipes				LnFt: <span style="float: right;">X</span> Ln M:
Surface Area mastic, floor tile, ceiling tile, TSI	est 5000			SqFt: <span style="float: right;">X</span> Sq M:
Vol RACM Off Facility Component				CuFt:    Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		09/20/17		Complete: <span style="float: right;">12/31/17</span>
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		09/20/17		Complete: <span style="float: right;">12/31/17</span>

RECEIVED  
SEP - 8 2017  
Dept. of Environmental Quality

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

Partial demolition of the structure determined to be unsafe

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

wet methods

## XII. WASTE TRANSPORTER #1

M and M Services, Inc.

Name:

M and M Services, Inc.

Address:

Post Office Box 68431

City:

Jackson

State:

MS

Zip:

39286

Contact Person:

Dale McGuffie

Tel:

601-982-8695

## WASTE TRANSPORTER #2

N/A

Name:

N/A

Address:

N/A

City:

N/A

State:

N/A

Zip:

N/A

Contact Person:

N/A

Tel:

N/A

## XIII. WASTE DISPOSAL SITE

Name:

Oak Grove

Address:

133 Gravel Pit Road

City:

Hattiesburg

State:

MS

Zip:

39401

Tel:

601-268-1159

## XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

N/A

Title:

N/A

Authority:

N/A

Date of Order (MM/DD/YY):

N/A

Date Ordered to Begin (MM/DD/YY):

N/A

## XV. FOR EMERGENCY RENOVATIONS:

N/A

Date and Hour of Emergency (MM/DD/YY):

N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

## 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 operations and notify MDEQ.

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.

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

09/06/17

(Date)

## XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

09/06/17

(Date)