

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM**

*Please type or print legibly.*

**Incomplete notices will not meet notification requirements.**

**I. TYPE OF NOTICE:** ☒ Original ☐ Revision ☐ Canceled  
☐ Annual ☐ Info. Only

**II. TYPE OF PROJECT:** ☐ Renovation ☒ Demolition  
☐ Ordered Demolition ☐ Emergency Renovation

**III. SITE INFORMATION:** Name First United Methodist Church - Fire Damage Repairs & Improvements - Phase 1 - Sequence 1  
Description: Remove and dispose of all ceilings and associated construction within the fire damaged portion of the structure.  
Address: 901 Fillmore Street  
City: Corinth County: Alcorn State: MS ZIP: 38834  
Contact Person: Chris Lefler Telephone: 662-844-3331

**IV. OWNER INFORMATION:** Name: First United Methodist Church  
Full Mailing Address: 662-844-3331  
Contact Person: Jacob Fowler Telephone: 662-844-3331

**V. ASBESTOS REMOVAL CONTRACTOR:** Name: Century Construction Group, Inc.  
Certification No.: 11403-MC Expiration Date: 7/8/18  
Full Mailing Address: PO Box 1366, Tupelo, MS 38802  
Contact Person: Chris Lefler Telephone: 662-844-3331

**VI. CONTRACTOR (Other):** Name: Century Construction & Realty, Inc.  
Full Mailing Address: PO Box 1366/705 Robert E. Lee Dr., Tupelo, MS 38802  
Contact Person: Dalton Lincoln Telephone: 662-844-3331

**VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 10 / 09 / 17 Removal Project Stop: 11 / 30 / 17

**VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: 10 / 23 / 17 Project Stop: 11 / 30 / 17 Prep. Date: 10 / 09 / 17

**IX. BUILDING INFORMATION:** Bldg. Size (SQ FT): +/- 20,000 Bldg. Size (LNFT): 70x110  
No. of Floors: 2 Age in Years: <10 yrs  
Present Use: none Prior Use: Church Choir & Sunday School Rooms

**X. ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No  
Inspection Date: 07 / 08 / 16 Asbestos Present? ☒ Yes ☐ No  
Inspector: Dan Cooley Cert. No.: ABI-00001363 Expiration Date: 09/25/16  
Identify suspect materials sampled: Floor tile and mastic, cover base mastic, sheetrock/joint compound, transite, spray-on ceilings, window sealant  
Laboratory Analysis: TEM XX PLM XX Other XX  
Name of Laboratory: iATL International

**XI. QUANTITY OF RACM TO BE REMOVED:**  
Pipes (LN FT)                      Surface Area (SQ FT)                       
Volume of Facility Components(CU FT)                     

**XII. QUANTITY OF NONFRIABLE ASBESTOS** ☐ NOT REMOVED ☒ TO BE REMOVED:  
Category I:                      Category II: 20,000 SF

**XIII. WASTE TRANSPORTER:** Name: Century Construction Group, Inc.  
Full Mailing Address: Same as Above  
Contact Person:                      Telephone:                     

**RECEIVED**  
**SEP 26 2017**

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: Three Rivers Landfill  
 Physical Location: 1904 MS-76, Pontotoc, MS 38863  
 Full Mailing Address: 1904 MS-7, Pontotoc, MS 38863  
 Contact Person: Alicia Chism Telephone: 662-488-0444  
 \*All asbestos waste should go to a permitted sanitary landfill.

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS** (Other than asbestos):  
 Name: Buck Run Landfill  
 Physical Location: 2941 County Road 302, Walnut, MS 38683  
 Full Mailing Address: Same as Above  
 Contact Person: David Greene Telephone: (662) 223-5445  
 \*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

**XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):**

<input checked="" type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input checked="" type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

**XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:**  
Wet method strip and removal of plaster prior to demolition of ceiling structure and supports.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:**  
Stop work immediately and contact the MDEQ for the next action to be taken  
 \_\_\_\_\_  
 \*Will MDEQ be notified of any significant changes? ☒ Yes ☐ No

**XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:**  
 Name: N/A Title: \_\_\_\_\_  
 Authority: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Demolition to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

**XX. EMERGENCY DEMOLITION/RENOVATIONS:** Date of Emergency: \_\_\_\_/\_\_\_\_/\_\_\_\_, Time: \_\_\_\_\_  
 Description of the sudden, unexpected event:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.**

I certify that all of the above information is correct.

Chris Lefler - Project Manager

Type or Print Name & Title

  
 Signature

9/22/17  
 Date

**MAIL TO:** Office of Pollution Control  
 P.O. Box 2261  
 Jackson, MS 39225  
 (601) 961-5171

**Physical Address** 515 Amite Street  
 Jackson, MS 39201