

# 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) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>West Main Church of Christ</b>				
Address <b>2460 main St.</b>				
City: <b>Tupelo</b>	State: <b>MS</b>	Zip: <b>38801</b>		
Site Location: <b>same</b>		Tel:		
Building Size <b>10,000</b>	# of Floors: <b>2</b>	Age in Years: <b>over 40</b>		
Present Use: <b>church</b>	Prior Use: <b>same</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>West Main church of Christ</b>				
Address: <b>2460 main St.</b>				
City: <b>Tupelo</b>	State: <b>MS</b>	Zip: <b>38801</b>		
Contact:		Tel: <b>662-842-9263</b>		
REMOVAL CONTRACTOR <b>Specialty Contractors</b>				
Address: <b>8310 Wade Rd.</b>				
City: <b>Warrior</b>	State: <b>AL</b>	Zip: <b>35180</b>		
Contact: <b>John Totten</b>		Tel: <b>205-907-7351</b>		
OTHER OPERATOR: <b>Burton Builders</b>				
Address: <b>55 MS-366</b>				
City: <b>Belmont</b>	State: <b>MS</b>	Zip: <b>38827</b>		
Contact: <b>MR. Burton</b>		<b>662-454-9757</b>		
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>PLM</b>				
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	
<del>Pipes</del> <b>Window caulking</b>				Ln Ft: <b>20</b> Ln M:
<del>Surface Area</del> <b>Floor tile/mastic</b>	<b>1,800 SF</b>	<b>Roof Flashing</b>	<b>300 SF</b>	Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>11-21-17</b>				Complete: <b>12-5-17</b>
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>11-13-17</b>				Complete: <b>11-13-18</b>

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Dept. of Environmental Quality

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

NEW Flooring, Paint, Roof

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

wet method neg. air

XII. WASTE TRANSPORTER #1

Name: Specialty Contractors

Address: 8310 Wade Rd.

City: Warrior

State: AL

Zip: 35180

Contact Person: John Totten

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Roba Landfill

Address: 6447 Wahala Rd

City: Scooba

State: MS

Zip: 39358

Tel: 662-793-4705

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:

Seal off area wet method, neg air, Hepa vacuum, asbestos bags, suits, and respirators.

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.

John Totten

Type or Print Name

(Signature of Owner/Operator)

11-6-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Totten

Type or Print Name

(Signature of Owner/Operator)

11-6-17

(Date)