

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) Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) First Baptist Church Holly Springs				
Bldg. Name: Fellowship Hall				
Address 190 E College Ave				
City: Holly Springs	State: MS	Zip: 38635	RECEIVED DEC 18 2017 DEQ OPC	
Site Location: Interior/Fellowship Hall		Tel: 662-544-0369		
Building Size: unknown	# of Floors: unknown	Age in Years: 60+/-		
Present Use: Fellowship Hall	Prior Use: Fellowship Hall			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) First Baptist Church Holly Springs				
OWNER NAME: First Baptist Church Holly Springs				
Address: 190 E College Ave				
City: Holly Springs	State: MS	Zip: 38635		
Contact: Luann Gibson	Tel: 662-544-0369			
REMOVAL CONTRACTOR Specialty Abatement Services Inc.				
Address: 5280 Elmore Rd				
City: Memphis	State: TN	Zip: 38134		
Contact: Dwight Grayson	Tel: 9015071203			
OTHER OPERATOR: n/a				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) Yes				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Bulk Sampling PLM methods (building o&m plan)				
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				Ln Ft: Ln M:
Surface Area VAT/Mastic	4000			Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/26/17		Complete: 12/29/17		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/26/17		Complete: 12/29/17		

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

Removal of vat/mastic using wet methods, hand tools and chemical solvent

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

Negative Pressure, critical barriers, double bag waste, containment, hepa vac, wet methods, hand tools

XII. WASTE TRANSPORTER #1 Waste Management

Name: Waste Management

Address: Hatcher Circle

City: Memphis

State: TN

Zip:

Contact Person: Carlton Gibson

Tel: 9013317187

WASTE TRANSPORTER #2 n/a

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE WM The Tunica Landfill

Name: WM The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip:

Tel: 9013317187

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

Name: n/a

Title:

Authority:

Date of Order (MM/DD/YY):

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

XV. FOR EMERGENCY RENOVATIONS: n/a

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:

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:

All work will cease, workers removed from site, MDEQ will be called for an inspection

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.

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

12/12/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

12/12/17

(Date)