

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)							
Bldg. Name:		St. Mary's Catholic Church - Parish Hall Meeting Rool					
Address		129 North Washington Street					
City: Yazoo City		State: MS		Zip: 39194			
Site Location: 129 North Washington Street, Yazoo City, MS		Tel: 662-746-1680					
Building Size 2320		# of Floors: 2		Age in Years: 20			
Present Use: Commercial		Prior Use: Commercial					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME:		St. Mary's Catholic Church					
Address:		129 North Washington Street					
City: Yazoo City		State: MS		Zip: 39194			
Contact: Dick Rohman		Tel: 662-746-2214					
REMOVAL CONTRACTOR		M and M Services, Inc.					
Address:		Post Office Box 68431					
City: Jackson		State: MS		Zip: 39286			
Contact: Dale McGuffie		Tel: 601-982-8695					
OTHER OPERATOR:		N/A					
Address:		N/A					
City: N/A		State: N/A		Zip: N/A			
Contact:		N/A					
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):							
Polarized Light Microscopy, Dennis McGuffie, April 2014							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed		Category I		Category II	
				UNIT			
Pipes				LnFt:		Ln M:	
Surface Area Floor Tile & Mastic		2320		SqFt: X		Sq M:	
Vol RACM Off Facility Component				CuFt:		Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				1/5/17		Complete: 3/30/18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:			

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DEC 19 2017
Dept. of Environmental Quality

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

Remove ACM floor tile and mastic for Parish Hall renovations

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

Each work areal be contained in plastic and put under negative pressure to prevent exposure outside the work area. Workers will don proper protective clothing and respiratory protection.

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

Little Dixie Landfill

Name:

Little Dixie Landfill

Address:

1716 County Line Road

City:

Ridgeland

State:

MS

Zip:

39157

Tel:

601-982-9488

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):

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

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 CRUMBLLED, 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

Type or Print Name


(Signature of Owner/Operator)

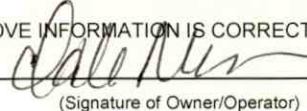
12/15/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie

Type or Print Name


(Signature of Owner/Operator)

12/15/2017

(Date)