

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) O															
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R															
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)															
Bldg. Name: St James Episcopal Church															
Address 1026 S Washington Ave															
City: Greenville	State: MS	Zip: 38701													
Site Location:		Tel: 662-334-4582													
Building Size 10,000 sq ft	# of Floors: 1	Age in Years: 80 +/-													
Present Use:		Prior Use:													
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)															
OWNER NAME: St James Episcopal Church															
Address: 1026 S Washington Ave															
City: Greenville	State: MS	Zip: 38701													
Contact:		Tel: 662-334-4582													
REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction															
Address: 1450 Old Brandon Rd															
City: Flowood	State: MS	Zip: 39232													
Contact: Chuck Womack		Tel: 601-940-5411													
OTHER OPERATOR: Gary Vaughn Construction, Inc.															
Address: 27 Anne Drive Inn Rd.															
City: Leland	State: MS	Zip: 38756													
Contact: Gary Vaughn															
V. IS ASBESTOS PRESENT? (Yes/No) Y															
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):															
Assumed Chuck Womack ABI-2432 1/23/18															
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed													
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Indicate Unit of Measurement Below</th> </tr> <tr> <th>Category I</th> <th>Category II</th> </tr> <tr> <td colspan="2" style="text-align: center;">UNIT</td> </tr> </table>		Indicate Unit of Measurement Below		Category I	Category II	UNIT							
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Surface Area	400sq ft sheetrock	Sq Ft: X	Sq M:												
Vol RACM Off Facility Component		Cu Ft:	Cu M:												
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/24/18 Complete: 1/27/18															
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/24/18 Complete: 2/24/18															

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JAN 11 2018

Dept. of Environmental Quality

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person

XII. WASTE TRANSPORTER #1

Name: Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person:

Tel: 601-940-5411

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill

Address: 48 Landfill Rd

City: Leland

State: MS

Zip: 38756

Tel: 662-332-7927

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:

Stop work immediately and notify competent person

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.

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

1/11/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

1/11/18

(Date)