

**MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM**Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 2/1/2018- rev 2/15	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Petal Harvey Baptist Church Renovations</b>					
Bldg. Name: <b>Petal Harvey Baptist Church - (ACM in Building D northeast and ACM West Central Building in phase 3 )</b>					
Address <b>600 South Main Street</b>					
City: <b>Petal</b>	State: <b>MS</b>	Zip: <b>39465</b>			
Site Location: <b>Multiple Buildings on Site</b>		Tel: <b>601-583-1743</b>			
Building Size <b>50,000 SF</b>	# of Floors: <b>1</b>	Age in Years: <b>75</b>			
Present Use: <b>Church</b>	Prior Use: <b>Church</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Petal Harvey Baptist Church</b>					
Address: <b>600 South Main Street</b>					
City: <b>Petal</b>	State: <b>MS</b>	Zip: <b>39465</b>			
Contact: <b>Gilbert Bergeron, Project Superintendent</b>		Tel: <b>850-902-8110</b>			
REMOVAL CONTRACTOR <b>Specialty Abatement Services, Inc.</b>					
Address: <b>PO Box 15925</b>					
City: <b>Hattiesburg</b>	State: <b>MS</b>	Zip: <b>39404</b>			
Contact: <b>William H. Stamps</b>		Tel: <b>601-264-5550</b>			
OTHER OPERATOR: <b>Cosco &amp; Associates, Inc.</b>					
Address: <b>215 East James Lee Blvd.</b>					
City: <b>Crestview</b>	State: <b>FL</b>	Zip: <b>32539</b>			
Contact: <b>Gilber Bergeron, . Project Supreintendent 850-902-8110</b>					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes - Transite Siding</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Shela Schneider - 5/26/2017- A PLM@ EHS - Roof, Flooring, mastic, drywall, Tex Ceilings, window putty, ceiling tile</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	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		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area	9,000 vat/ m		21 windows	Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>2/19/2018</b>				Complete: <b>12/30/18</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>2/19/2018</b>				Complete: <b>12/30/18</b>	

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

Removal of ACM prior to Interior Demolition and Total Demolition of West Building (Rear Center) - IN PHASES

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

Area will be placed under containment. All ACM will Wetted removed. Floor tile machine will be used. Waste will be placed in clear, labeled, poly bags and a placed in properly lined container for disposal.

## XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services, Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: Tony Bryant

Tel: 601-264-5550

## WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

## XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Landfill

Address: Hwy 29 N.

City: Runnelstown

State: MS

Zip: 39465

Tel: 601-545-6676

## 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:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

2/15/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

2/15/18

(Date)