

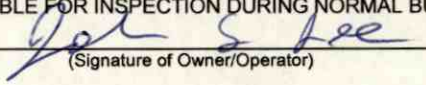
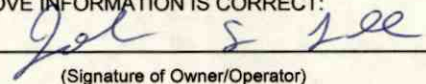
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FEB 21 2018

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Dept. of Environmental Quality

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) CHURCH					
Bldg. Name: New Zion Baptist Church					
Address 12023 New Zion Rd					
City: Crystal Springs	State: Ms	Zip: 39059			
Site Location: Crystal Springs	Tel: 6018921246				
Building Size 3000sqft	# of Floors: 1	Age in Years: over 40 years			
Present Use: Church	Prior Use: Church				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Carl Merchant					
Address: 12023 New Zion Rd					
City: Crystal Springs Rd	State: Ms	Zip: 39059			
Contact: Ginger Stewart	Tel: 6013824464				
REMOVAL CONTRACTOR John Lee					
Address: 1728 Mt Zion Rd					
City: Magee	State: Ms	Zip: 39111			
Contact: John Lee	Tel: 6015198281				
OTHER OPERATOR: Ginger Stewart					
Address: 12023 New Zion Rd					
City: Crystal Springs Rd	State: Ms	Zip: 39059			
Contact: Ginger Stewart					
V. IS ASBESTOS PRESENT? (Yes/No) yes Transite Siding					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Assumed Transite Siding was Asbestos material					
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		UNIT	
		Category I	Category II		
Pipes				LnFt:	Ln M:
Surface Area	900sqft			SqFt: 900	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-2-2018				Complete: 3-3-2018	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-5-2018				Complete: 3-9-2018	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: remove siding intact, wet siding and double bag and wet bags		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: wet siding before removal lay poly on ground to catch broken pieces		
XII. WASTE TRANSPORTER #1 John Lee		
Name: John Lee		
Address: 1728 Mt Zion Rd		
City: Magee	State: Ms	Zip: 39111
Contact Person: John Lee	Tel: 6015198281	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIII. WASTE DISPOSAL SITE Clearview Environmental Landfill Lake Ms		
Name: Clearview Environmental		
Address: 2253 Mudline Rd		
City: Lake	State: Ms	Zip: 39092
Tel: 6015363084		
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: Notify Deq wet AcM and continue to remove in a proper manner		
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 Lee Type or Print Name	 (Signature of Owner/Operator)	2-20-2018 (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
John Lee Type or Print Name	 (Signature of Owner/Operator)	2-20-2018 (Date)