

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Date Received (MDEQ use only) Notification # (MDEQ\_use only) Operator Project # Postmark 4/3/18 fax R I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) E spoke with Tommy Moody First Baptist Church Mendenhall III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Bldg, Name: First Baptist Church Mendenhall Address 301 East Street State: MS Mendenhall Zip:39114 City: Hallway & Choir Room Tel: (601) 847-2488 Site Location: 10,000 SF Age in Years:50 **Building Size** # of Floors: Present Use: Church Prior Use: Church IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: First Baptist Church Mendenhall 301 East Street Address: State MS Mendenhall City: Zip:39114 Tel (601) 847-2488 Contact: REMOVAL CONTRACTOR Specialty Abatement Services, Inc. PO Box 15925 Address: Hattiesburg City: State: MS Zip: 39404 601-264-5550 William H. Stamps Tel: Contact: OTHER OPERATOR: Service Master Address: 1185 Old Brandon Rd, Flowood State: MS 39232 Zip: City: Contact: David Ledbetter Yes V. IS ASBESTOS PRESENT? (Yes/No) VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Owner provided - VAT&M Assumed VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable INCLUDING: Asbestos Material Not Indicate Unit of RACM To Be Removed Measurement Below Regulated ACM to be Removed To Be Category I ACM Not Removed Removed 3. Category II ACM Not Removed UNIT Category I Category II LnFt: Ln M: Pipes 750 SF Surface Area SqFt: X Sq M: Vol RACM Off Facility Component CuFt: Cu M: VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:4/5/18 Complete:4/6/2018 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/5/18 Complete: 4/7/2018

X. DESCRIPTION OF PLANNED DEMOLITION Removal of ACM Floor tile and mas XI. DESCRIPTION OF WORK PRACTICES AN	tic for renovation.			T THE
DEMOLITION OR RENOVATION SITE:  Containment will be established with p will be placed in clear, labeled, poly b				Waste
XII. WASTE TRANSPORTER #1			1 1 N N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N	
Name: Specialty Abatement Services , I	nc.			
Address: PO Box 15925				
City: Hattiesburg	State: N	MS Zip:	Zip: 39404	
Contact Person: William H. Stamps		Tel:	Tel: 601-264-5550	
WASTE TRANSPORTER #2				
Name:				
Address:				
City:	State:	Zip:	Zip:	
Contact Person:	1	Tel:		
XIII. WASTE DISPOSAL SITE				a .
Name: Pine Belt Regional Landfill	-			
Address: Hwy 29 N.				
City: Runnelstown			39465	
Tel: 601-545-6676	1 3 3 3	157	37403	
XIV. IF DEMOLITION ORDERED BY A GOVER	RNMENT AGENCY PLEAS	SE IDENTIFY THE AGENC	Y BELOW:	
Name:	Title:	THE AGENOT SEEDY.		
AU 3/8/15 5/9/17		Truo.		
Authority:			импролог.	
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS:	3/14/19 overnight			
	3/14/18 overnight water pipe burst floodi	na floor		
Explanation of how the event caused unsafe co		uipment damage or an unre	easonable financial burden:	
Hallway area affected servicing dayca	re area of church			
XVI. DESCRIPTION OF PROCEDURES TO BE NONFRIABLE ASTESTOS MATERIAL BECOM				LY
All work will stop. MDEQ will be no		A STATE OF THE STA		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAIN ONSITE DURING THE DEMOLITION OR REN THIS PERSON WILL BE AVAILABLE FOR INS	ED IN THE PROVISIONS ( OVATION, AND EVIDENCE RECTION DURING NORM	OF THIS REGULATION (40 E THAT THE REQUIRED T AL BUSINESS HOURS.	OCFR PART 61, SUBPART M) WILL B RAINING HAS BEEN ACCOMPLISHE	E D BY
Anthony Bryant  Type or Print Name  Signature of Owner/Operator			4/3/18 (Date)	
	1		(Jaio)	
VIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORNECT: Anthony Bryant		de la	4/3/18	
	A			

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Operator Project # Date Received (MDEQ use only) Notification # (MDEQ use only) I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) E spoke with Tommy Moody First Baptist Church Mendenhall III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Bldg, Name: First Baptist Church Mendenhall Address 301 East Street Mendenhall State: MS Zip:39114 City: Tel: (601) 847-2488 Hallway & Choir Room Site Location: 10,000 SF # of Floors: 2 **Building Size** Age in Years:50 Present Use: Church Prior Use: Church IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: First Baptist Church Mendenhall 301 East Street Address: Mendenhall State MS City: Zip:39114 Tel (601) 847-2488 Contact: REMOVAL CONTRACTOR Specialty Abatement Services, Inc. PO Box 15925 Address: Hattiesburg State: MS Zip: 39404 City: Contact: William H. Stamps Tel: 601-264-5550 OTHER OPERATOR: Service Master Address: 1185 Old Brandon Rd., Flowood State: MS 39232 City: Zip: Contact: David Ledbetter Yes V. IS ASBESTOS PRESENT? (Yes/No) VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Owner provided - VAT&M Assumed VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable INCLUDING: Asbestos Material Not Indicate Unit of RACM To Be Removed Measurement Below Regulated ACM to be Removed . 1. To Be Category I ACM Not Removed Removed Category II ACM Not Removed Category I UNIT Category II Pipes LnFt: Ln M: 750 SF Surface Area SqFt: X Sq M: Vol RACM Off Facility Component CuFt: Cu M: Complete:4/6/2018 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start4/5/18 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/5/18 Complete: 4/7/2018

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA Removal of ACM Floor tile and mastic for renova	tion.	Decree of the second facilities with a second					
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:							
Containment will be established with poly critical barriers with negative air. All ACM will Wetted and removed. Waste							
will be placed in clear, labeled, poly bags and a placed in properly lines container for disposal.  XII. WASTE TRANSPORTER #1							
All WASTE TO THE STORY OF THE STORY							
Name: Specialty Ahatement Services, Inc.							
Address: PO Box 15925	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
City: Hattiesburg	State: MS		Zip: 39404				
Contact Person: William H. Stamps			Tel: 601-264-5550				
WASTE TRANSPORTER #2							
Name:							
Address:							
City:	State;		Zip:				
Contact Person:			Tel:				
XIII. WASTE DISPOSAL SITE	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:							
lame;							
Authority:							
Date of Order (MM/DD/YY):							
XV. FOR EMERGENCY RENOVATIONS;							
Date and Hour of Emergency (MM/DD/YY): 3/14/18 overnight							
Description of the sudden unexpected event: water pipe burst flooding floor							
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:							
Explanation of now the event caused unsafe conditions of would cause equipment damage of an unreasonable linancial burden:  Hallway area affected servicing daycare area of church							
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS 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 PRO ONSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURI	OVISIONS OF EVIDENCE T NG NORMAL	THIS REGULAT HAT THE REQU BUSINESS HO	JIRED TRAINING HAS BEEN ACCOMPLISHED BY URS.				
Anthony Bryant 4/3/18  Type or Print Name (Date)							
XVIII, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:							
Anthony Bryant			4/3/18				
Type or Print Name (Signature & Owner Operator) (Date)							

Fax Cover: This is a confidential message, intended solely for the person to whom it is addressed. If you receive this message in error, please forward it to the correct person, or mail it back to us. Thank you.

To

Carolyn / Tommy

Fax No.

601-961-5742 / 601-961-5725

From

**Tony Bryant** 

Date/Time 4/3/2018

Subject

**Notification Revision** 

**Pages** 

3,including this one

The following notices have been revised as summarized below:

First Baptist Church Mendenhall - Date Change

This was changed to an emergency notification

Please call me if you have any questions.

Thanks,

Tony Bryant 601-264-5550



270 Rawls Springs Loop Rd.
P. O. Box 15925
Hattiesburg, MS 39404-5925
601-264-5550
601-264-5344 Fax
TBryant@SpecialtyAbatement.com