

73488

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 4/3/18 fax	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) E spoke with Tommy Moody					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) First Baptist Church Mendenhall					
Bldg. Name: First Baptist Church Mendenhall					
Address 301 East Street					
City: Mendenhall	State: MS	Zip: 39114			
Site Location: Hallway & Choir Room		Tel: (601) 847-2488			
Building Size 10,000 SF	# of Floors: 2	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					
Address: 301 East Street					
City: Mendenhall	State: MS	Zip: 39114			
Contact:		Tel: (601) 847-2488			
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.					
Address: PO Box 15925					
City: Hattiesburg	State: MS	Zip: 39404			
Contact: William H. Stamps		Tel: 601-264-5550			
OTHER OPERATOR: Service Master					
Address: 1185 Old Brandon Rd.,					
City: Flowood	State: MS	Zip: 39232			
Contact: David Ledbetter					
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):					
Owner provided - VAT&M Assumed					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area	750 SF			Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	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 OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Removal of ACM Floor tile and mastic for renovation.

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 be wetted and removed. Waste will be placed in clear, labeled, poly bags and 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: William H. Stamps

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): 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:

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 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)

4/3/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

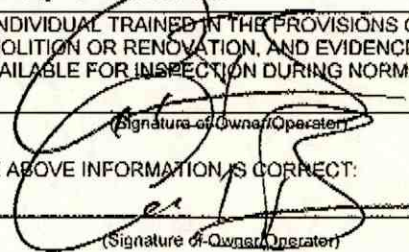
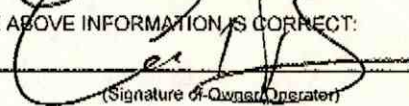
(Signature of Owner/Operator)

4/3/18

(Date)

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<p>City: Hattiesburg</p>	<p>State: MS</p>	<p>Zip: 39404</p>
<p>Contact Person: William H. Stamps</p>		<p>Tel: 601-264-5550</p>
<p>WASTE TRANSPORTER #2</p>		
<p>Name:</p>		
<p>Address:</p>		
<p>City:</p>	<p>State:</p>	<p>Zip:</p>
<p>Contact Person:</p>		<p>Tel:</p>
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<p>Address: Hwy 29 N.</p>		
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<p>Name:</p>	<p>Title:</p>	
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<p>Anthony Bryant Type or Print Name</p>	 (Signature of Owner/Operator)	<p>4/3/18 _____ (Date)</p>
<p>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</p>		
<p>Anthony Bryant Type or Print Name</p>	 (Signature of Owner/Operator)	<p>4/3/18 _____ (Date)</p>

Specialty Abatement Services, Inc.

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