

73008

# 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)			R
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. Mary's Catholic Church - Parish Hall Meeting Room			
Address: 129 North Washington Street			
City: Yazoo City	State: MS	Zip: 39194	
Site Location: 129 North Washington Street, Yazoo City, MS		Tel: 662-746-1680	
Building Size: 2320	# of Floors: 2	Age in Years: 20	
Present Use: Commercial	Prior Use: Commercial		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: St. Mary's Catholic Church			
Address: 129 North Washington Street			
City: Yazoo City	State: MS	Zip: 39194	
Contact: Dick Rohman	Tel: 662-746-2214		
REMOVAL CONTRACTOR: M and M Services, Inc.			
Address: Post Office Box 68431			
City: Jackson	State: MS	Zip: 39286	
Contact: Dale McGuffie	Tel: 601-982-8695		
OTHER OPERATOR: N/A			
Address: N/A			
City: N/A	State: N/A	Zip: N/A	
Contact: N/A			
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): bulk sample collection, EPA 600/R-93/116 PLM, Dennis McGuffie, April 2014			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below	
RACM To Be Removed		Category I	Category II
		UNIT	
Pipes		LnFt:	Ln M:
Surface Area: Floor Tile & Mastic	2320	SqFt:	Sq M:
Vol RACM Off Facility Component		CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/25/2018		Complete: 6/30/2018	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A		Complete: N/A	

RECEIVED  
APR 20 2018  
Dept. of Environmental Quality

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

Remove ACM floor tile and mastic for Parish Hall renovations

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

Work area will be in containment with negative air machines to prevent exposure outside the work area. floor tile will be kept wet during removal.

## XII. WASTE TRANSPORTER #1

M and M Services, Inc.

Name:

M and M Services, Inc.

Address:

Post Office Box 68431

City:

Jackson

State:

MS

Zip:

39286

Contact Person:

Dale McGuffie

Tel:

601-982-8695

## WASTE TRANSPORTER #2

N/A

Name:

N/A

Address:

N/A

City:

N/A

State:

N/A

Zip:

N/A

Contact Person:

N/A

Tel:

N/A

## XIII. WASTE DISPOSAL SITE

Name:

Little Dixie Landfill

Address:

1761 County Line Road

City:

Ridgeland

State:

MS

Zip:

39157

Tel:

601-982-9488

## XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

N/A

Title:

N/A

Authority:

N/A

Date of Order (MM/DD/YY):

N/A

Date Ordered to Begin (MM/DD/YY):

N/A

## XV. FOR EMERGENCY RENOVATIONS:

N/A

Date and Hour of Emergency (MM/DD/YY):

N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

## XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

cease operations and notify MDEQ.

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.

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

4/17/2018

(Date)

## XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

4/17/2018

(Date)