74369

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) Original

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demolition

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Vacant Church

Address 503 18th Avenue North

City: Columbus	State: MS	Zip: 39705
Site Location: Daycare and 2nd floor sanctuary.		Tel: -
Building Size 9000SF Daycare - 12000 SF Church	# of Floors: 2	Age in Years: 30+
Present Use: Vacant	Prior Use: Church and Daycare	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Cookout Restaurant

Address: 15 Laura Ln Ste 300

City: Thomasville	State: NC	Zip: 27360
Contact: Joseph Witherspoon		Tel: 901-487-4753

REMOVAL CONTRACTOR EnviroRem Inc - Abatement

Address: 1715 Lochearn Road

City: Memphis	State: TN	Zip: 38116
Contact: James Catron		Tel: 901-930-6794

OTHER OPERATOR: Dimension Construction Inc

Address: 3776 New Getwell Rd.

City: Memphis	State: TN	Zip: 38118
Contact: Joseph Witherspoon 901-487-4753		

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):

Stacy Brown MS-ABI-8851 Exp. 4/6/19 Date: 8/24/18. Bulk samples of all suspect materials in accord with NESHAP for Demolition Setting.

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				LnFt:	Ln M:
Surface Area		8,940 SF		SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/1/18 Complete: 10/4/18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/8/18 Complete: 12/31/18

RECEIVED

SEP 17 2018

Dept. of Environmental Quality

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

Standard NESHAP structural demolition with wetting activities for dust suppression.

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

Removal of ACM floor tile and mastic prior to structural demolition.

XII. WASTE TRANSPORTER #1 NonFriable ACM

Name: Waste Pro		
Address: 1600 S 12th Avenue		
City: Columbus	State: MS	Zip: 39701
Contact Person: Julie		Tel: 662-574-0028

WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: Kemper Co. LF		
Address: 21211 MS-16 E		
City: De Kalb	State: MS	Zip: 39328
Tel: c/o 662-574-0028		

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

Name: N/A	Title:
Authority:	
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

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:

N/A

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:

Stop work, rewet materials, and cover with poly sheeting. Notify MDEQ, Lab Service, and EI.

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.

Joseph Witherspoon — Type or Print Name
Joseph Witherspoon — (Signature of Owner/Operator)
9/14/18 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Witherspoon — Type or Print Name
Joseph Witherspoon — (Signature of Owner/Operator)
9/14/18 — (Date)