17954

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) Demo

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

Bldg. Name: Mt Zion Baptist Church old Sanctuary

Address 680 Mount Zion Road NW

City: Brookhaven | State: MS | Zip: 39601

Site Location: Brookhaven | Tel:

Building Size 10,000SF | # of Floors: 2 | Age in Years: 40+

Present Use: Vacant | Prior Use: Church

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

OWNER NAME: Same

Address:

City: | State: | Zip:

Contact: | Tel:

REMOVAL CONTRACTOR JA Service Troubleshooters

Address: 1260 Wooddell Drive

City: Jackson | State: MS | Zip: 39212

Contact: Joseph Antolin | Tel: 601-212-9555

OTHER OPERATOR:

Address:

City: | State: | Zip:

Contact: ~~Eddie Smith~~ JA

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):

Issac Edwards 12/10/2015 PLM

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	Transite Roof ~~1500SF~~ 1500 SF Floor tile Mastic 1,200SF			SqFt: 2700	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/13/2019 Complete: 7/19/2019

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

RECEIVED
JUL 01 2019
Dept. of Environmental Quality

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

Asbestos Abatement - Building Demo

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

Keep Material Wet

XII. WASTE TRANSPORTER #1

Name: Same as removal contractor

Address:

City: | State: | Zip:

Contact Person: | Tel:

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City: | State: | Zip:

Tel:

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop. Notify DEQ

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 Antoine | Joseph Antoine | 7/1/2019

Type or Print Name | (Signature of Owner/Operator) | (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine | Joseph Antoine | 7/1/2019

Type or Print Name | (Signature of Owner/Operator) | (Date)