

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: Family Center			
Address: 252 Frosty Hinton Road			
City: Laurel	State: MS	Zip: 39480	
Site Location: same	Tel: 214 549 3620		
Building Size: 5000	# of Floors: 1	Age in Years: >20	
Present Use: family center	Prior Use:		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: 1st Baptist Church			
Address: 253 Frosty Hinton Road			
City: SoSo	State: MS	Zip: 39480	
Contact: Larry Sumrall	Tel: 601 649 4490		
REMOVAL CONTRACTOR Environmental Services			
Address: 253 Delk Road			
City: Hattiesburg	State: MS	Zip: 39401	
Contact: Joe Venus	Tel: 6014081005		
OTHER OPERATOR: Larry J Sumrall Contractor			
Address: 3760 Industrial Blvd			
City: Laurel	State: MS	Zip: 39440	
Contact: Larry Sumrall			
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):			
test by Joe venus, floor tile and mastic			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 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	UNIT
Pipes		Category I	Category II
Surface Area			
Vol RACM Off Facility Component		Ln Ft:	Ln M:
		Sq Ft: X	Sq M:
		Cu Ft:	Cu M:
		1,300sf / 2,700 SF	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		10/14/20 / 11/16/20	Complete: 10/21/20 / 11/18/20
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		N/A	Complete:

RECEIVED

NOV 17 REC'D

Dept. of Environmental Quality

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

N/A

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

Use wet method and use of hand scrapers to keep dust down.

XII. WASTE TRANSPORTER #1

Name: Environmental Services

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 6014081005

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Waste Authority

Address: 5274 Old Hwy 29

City: Ohlo

State: MS

Zip: 39446

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:

Tenneco damage

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:
Stop work call DEQ

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:

Stop work call 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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

11/14/2020

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)

11/14/2020

N/A