

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) <input type="radio"/>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input checked="" type="radio"/>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) 1280 East County Line Road / Ridgeland, MS					
Bldg. Name: First Bank & Trust					
Address 1280 East County Line Road					
City: Ridgeland	State: MS	Zip: 39157			
Site Location:			Tel:		
Building Size 3,500 SF	# of Floors: 1	Age in Years: 25			
Present Use: vacant	Prior Use: Bank				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Capital Growth Buchalter					
Address: 361 Summit Blvd Suite 10					
City: Birmingham	State: AL	Zip: 35243			
Contact: Kirk Farrelly			Tel: 504-258-8770		
REMOVAL CONTRACTOR Advanced Environmental Consultants, Inc.					
Address: 775 North President Street					
City: Jackson	State: MS	Zip: 39202			
Contact: DeJonnette G. King			Tel: 601/362-1788		
OTHER OPERATOR: R&J Construction, Inc.					
Address: PO Box 6					
City: Laurel	State: MS	Zip: 39441			
Contact: Chris Roach / 662-809-7993					
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):					
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		X		Sq Ft: 15	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/12/2020 Complete: 12/12/2020					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

RECEIVED

DEC 14 REC'D

Dept. of Environmental Quality

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

Tar and shingle will be removed 1 front from steeple and vents.

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

Work will cease and MDEQ notified immediately.

XII. WASTE TRANSPORTER #1

Name: BFI Little Dixie Landfill

Address: 1716 North County Line Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel: 800/967-2488

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 ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Work will cease and 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.

Aaron Brown

Type or Print Name

(Signature of Owner/Operator)

12/11/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Brown

Type or Print Name

(Signature of Owner/Operator)

12/11/2020

(Date)