

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 5/5/22	AI Number
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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Tabernacle United Methodist Church				
Address: 1197 Will Wright Road				
City: Meridian		State: MS	Zip: 39301	
Site Location: Same		Tel: 601-485-7409		
Building Size: appx 1,200		# of Floors: 1	Age in Years: 50+	
Present Use: Vacant		Prior Use: Church Functions		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Members of TUMC				
Address: 1116 Walker Spur Road				
City: Meridian		State: MS	Zip: 39301	
Contact: Deborah Smith		Tel: 601-485-7409		
ASBESTOS REMOVAL CONTRACTOR: EAC Environmental				
Address: 4546 Cal Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Ed Clay		Tel: 662-386-6386		
Certification Number: ABC00005192			Expiration Date: December 6, 2022	
OTHER OPERATOR: Earl Logan				
Address: 2326 Front Street				
City: Meridian		State: MS	Zip: 39301	
Contact: Earl Logan		Tel: 601-938-5769		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 04-19-22	
Inspector: Ed Clay&BB Vanlandingham		Certification Number: ABI- 00006706&00007369	Expiration Date: July 9, 2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM Method - Materials - Roofing Materials, Sealants, Drywall, Textures, Floor Tile, Mastic, Insulation				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 1,000	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05-10-22			Complete: 05-10-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05-12-22			Complete: 05-16-22	

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

After ACM removal demolition will be done with heavy equipment

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

Contain work area, use air scrubbers, wet method and double bag

XIII. WASTE TRANSPORTER #1

Name: EAC Environmental

Address: 4546 Cal Steens Road

City: Caledonia

State: MS

Zip: 39740

Contact Person: Ed Clay

Tel: 662-386-6386

WASTE TRANSPORTER #2

Name: Waste Pro

Address: 1600 12th Street South

City: Columbus

State: MS

Zip: 39701

Contact Person: RuthAnn Faris

Tel: 662-328-5528

XIV. WASTE DISPOSAL SITE

Name: RoBo Landfill

Address: 6447 Wahalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edmonds

Tel: 662-793-4795

XV. 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):

XVI. 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:

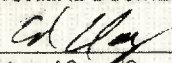
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Cease Work, Contain Material, Contact Owner and MDEQ

XVIII. 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.

Edward A. Clay

Type or Print Name



(Signature of Owner/Operator)

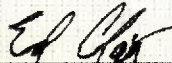
05-05-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward A. Clay

Type or Print Name



(Signature of Owner/Operator)

05-05-22

(Date)