



"Rev"

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 7/11/2022	AI Number 55475
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): Demolition				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Entire structure				
Bldg. Name: First United Methodist Church				
Address: 901 N Filmore St				
City: Corinth		State: MS	Zip: 38834	
Site Location:			Tel:	
Building Size: 25000 sqft		# of Floors: 2	Age in Years: 70	
Present Use: Vacant		Prior Use: Church		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: FUMC				
Address: 3161 E Shiloh Rd				
City: Corinth		State: MS	Zip: 38834	
Contact: Chuck Stringer (chucks@fumc-corinth.org)			Tel: 662-287-3111	
ASBESTOS REMOVAL CONTRACTOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
Certification Number:			Expiration Date:	
OTHER OPERATOR: Century Construction Group				
Address: 705 Robert E Lee Dr				
City: Tupelo		State: MS	Zip: 38801	
Contact: Dalton Lincoln			Tel: 662-210-2220	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Site was abated by AEC prior to demolition				
VII. QUANTITY OF RACM TO BE REMOVED: 0				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:			Complete:	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/25/2022			Complete: 8/30/2022	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete Demolition		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Stop and test		
XIII. WASTE TRANSPORTER #1		
Name: Century Construction		
Address: 705 Robert E Lee Dr		
City: Tupelo	State: MS	Zip: 38801
Contact Person: Dalton Lincoln	Tel: 662-844-3331	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: TMCO		
Address: 544 Birmingham Ridge Rd		
City: Saltillo	State: MS	Zip: 38866
Contact Person: Tim May	Tel: 662-869-2151	
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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
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.		
Dalton Lincoln		7/11/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Dalton Lincoln		7/11/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)