

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 12-16-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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: Calvary Baptist Church				
Address: 501 West Main Street				
City: Tupelo		State: MS	Zip: 38801	
Site Location: Office. Foyer, Hallway			Tel: 662-842-8338	
Building Size: Appx 15,000 sq ft		# 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: Calvary Baptist Church				
Address: 501 W Main St.				
City: Tupelo		State: MS	Zip: 38801	
Contact: Brent McMillin			Tel: 662-231-1968	
ASBESTOS REMOVAL CONTRACTOR: EAC Environmental				
Address: 4546 Cal Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Edward Clay			Tel: 662-386-6386	
Certification Number: ABC-00005192			Expiration Date: 11-05-23	
OTHER OPERATOR: M&N Construction				
Address: 499 Gloster Creek Village				
City: Tupelo		State: MS	Zip: 38801	
Contact: Nic Nichols			Tel: 662-231-6122	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): ? Assumed				
WAS ASBESTOS PRESENT? (Yes/No): Assumed Black Mastic			Inspection Date:	
Inspector:		Certification Number	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Black Mastic beneath 12x12 VCT -mastic assumed				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 1,308	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-29-22 Complete: 12-31-22				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01-03-23 Complete: 01-17-23				

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

New flooring will be installed after Assumed ACM floor tile/Mastic Removal

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, airless sprayer with surfactant, wet method removal, double bag in 6mil poly

XIII. WASTE TRANSPORTER #1

Name: EAC

Address: 4546 Cal Steens Rd

City: Caledonia

State: MS

Zip: 39740

Contact Person: Ed Clay

Tel: 662-386-6386

WASTE TRANSPORTER #2

Name: Waste Pro

Address: 1600 12th St S

City: Columbus

State: MS

Zip: 39701

Contact Person: RuthAnn Faris

Tel: 662-328-5528

XIV. WASTE DISPOSAL SITE

Name: RoBo Landfill

Address: 6447 Wahalak Rd

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edmonds

Tel: 662-798-4795

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Contain material, notify 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 Clay

Type or Print Name

Edward A. Clay
(Signature of Owner/Operator)

12-16-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward Clay

Type or Print Name

Edward A. Clay
(Signature of Owner/Operator)

12-16-22

(Date)