

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 2-7-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>O</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>D</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>Rawls Spring Baptist Church</u>				
Address: <u>2400 Rawls Spring Loop Rd</u>				
City: <u>Hattiesburg</u>		State: <u>MS</u>	Zip: <u>39404-39402</u>	
Site Location:				
Building Size: <u>2400</u>		# of Floors: <u>1</u>	Age in Years: <u>1979</u>	
Present Use:				
Prior Use:				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>adam wade</u>				
Address: <u>Rawls Spring</u>				
City: <u>Hattiesburg</u>		State: <u>MS</u>	Zip: <u>39402</u>	
Contact:				
Tel: <u>601-596-6047</u>				
ASBESTOS REMOVAL CONTRACTOR:				
Address: <u>201 Lakewood Loop</u>				
City: <u>Hattiesburg</u>		State: <u>MS</u>	Zip: <u>39402</u>	
Contact: <u>Frederick Smith</u>				
Tel: <u>601-918-2568</u>				
Certification Number: <u>0000 8819</u>			Expiration Date: <u>oct-7-2023</u>	
OTHER OPERATOR:				
Address:				
City:				
State:				
Zip:				
Contact:				
Tel:				
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector: <u>Tony Bryant</u>		Certification Number: <u>0000 1683</u>	Expiration Date: <u>may-24-2023</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>Transite Siding and Linoleum Flooring was positive for asbestos</u>				
<u>Bulk Sampling methods (PLM Analysis)</u>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): <u>N/A</u>	Surface Area (SQ FT): <u>2400</u>	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF <u>NONFRIABLE</u> ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>2-17-2023</u> Complete: <u>2-19-2023</u>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>2-20-2023</u> Complete: <u>2-23-2023</u>				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: use wet methods and decon containments.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Remove asbestos materials using wet method, hand tools, decon containments & negative air.		
XIII. WASTE TRANSPORTER #1		
Name: Frederick Environmental LLC		
Address: 201 Lakewood loop		
City: Hattiesburg	State: MS	Zip: 39402
Contact Person: Frederick Smith	Tel: 601-918-2568	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Pine Belt Regional Landfill		
Address: P.O. Box 382		
City: Petal	State: MS	Zip: 39465
Contact Person: James Harrison	Tel: 601-545-6676	
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 CRUMBED, PULVERIZED, OR REDUCED TO POWDER: Stop work and call 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.		
Frederick Smith <small>Type or Print Name</small>	Frederick Smith <small>(Signature of Owner/Operator)</small>	2-7-2023 <small>(Date)</small>
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Frederick Smith <small>Type or Print Name</small>	Frederick Smith <small>(Signature of Owner/Operator)</small>	2-7-2023 <small>(Date)</small>