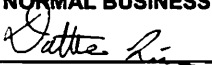
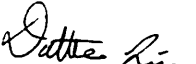


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 02-14-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original				
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): Church Sanctuary				
Bldg. Name: Palestine United Methodist Church of Nettleton				
Address: 4393 Union Ave				
City: Nettleton		State: MS	Zip: 38858	
Site Location: 4393 Union Ave Nettleton, MS 38858				Tel:
Building Size: 3,300 SF		# of Floors: 1	Age in Years: Unknown	
Present Use: Vacant		Prior Use: Church		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Palestine Methodist Church				
Address: 4393 Union Ave				
City: Nettleton		State: MS	Zip: 38858	
Contact: Ricky Ruff		Tel: (662) 640-1065		
ASBESTOS REMOVAL CONTRACTOR: Century Construction Group, Inc.				
Address: P.O. Box 1366				
City: Tupelo		State: MS	Zip: 38802	
Contact: Dalton Lincoln		Tel: (662) 210-2220		
Certification Number: ABC-00001887			Expiration Date: June 23, 2023	
OTHER OPERATOR: Century Construction Group, Inc.				
Address: P.O. Box 1366				
City: Tupelo		State: MS	Zip: 38802	
Contact: Dalton Lincoln		Tel: (662) 210-2220		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: October 5, 2022	
Inspector: Dalton Lincoln		Certification Number: ABI-00008808	Expiration Date: July 8, 2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Ceiling Tile, sheetrock mud, roofing materials, window caulk, carpet flooring, floor mastic determined the asbestos containing material through bulk analysis PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): N/A		Surface Area (SQ FT): 100	Volume of Facility Components (CU FT): N/A	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/01/23			Complete: 03/15/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/16/23			Complete: 04/02/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Complete Demolition of Sanctuary with Dust Control (Wet Method) & Excavator		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Wet Method with Containment & HEPA Filters		
XIII. WASTE TRANSPORTER #1		
Name: Century Construction Group, Inc.		
Address: P.O. Box 1366		
City: Tupelo	State: MS	Zip: 38802
Contact Person: Dalton Lincoln	Tel: (662) 210-2220	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Three Rivers Landfill		
Address: 1904 MS-76		
City: Pontotoc	State: MS	Zip: 38863
Contact Person:	Tel: (662) 488-0444	
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:		
Stop & Test		
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, Project Manager		02/13/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Dalton Lincoln, Project Manager		02/13/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)