

MAP

## 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 <b>3-3-23</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Old Court St Church</b>				
Address: <b>6098 Southern Ave</b>				
City: <b>Hattiesburg</b>		State: <b>MS</b>	Zip: <b>39401</b>	
Site Location: <b>Hattiesburg MS</b>			Tel: <b>6012708179</b>	
Building Size: <b>12000-15000 S/F</b>		# of Floors: <b>2</b>	Age in Years: <b>over 30</b>	
Present Use: <b>Multi Purpose</b>		Prior Use: <b>Church / Multi Use</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Sacred Heart Catholic Church</b>				
Address: <b>510 West Pine ST</b>				
City: <b>Hattiesburg</b>		State: <b>MS</b>	Zip: <b>39401</b>	
Contact: <b>Charles W Anderson Jr</b>			Tel: <b>601-270-8179</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Abatement Contractors of Mississippi, Inc</b>				
Address: <b>761 Weathersby Rd</b>				
City: <b>Hattiesburg</b>		State: <b>MS</b>	Zip: <b>39402</b>	
Contact: <b>Charles W Anderson Jr</b>			Tel: <b>601-270-8179</b>	
Certification Number: <b>ABC-00003976</b>			Expiration Date: <b>11/10/23</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>			Inspection Date: <b>12/20/22</b>	
Inspector: <b>Joe Venus Jr</b>		Certification Number: <b>ABI-00001353</b>	Expiration Date: <b>2/9/24</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Flooring Materials, Misc wall/ceiling Materials, Misc window and door sealants</b>				
<b>PLM</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>approx 5500 s/f Flooring and Mastic</b>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3/20/23</b>			Complete: <b>6/15/23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3/1/23</b>			Complete: <b>3/1/24</b>	

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
Remodel of Area. Partial Containment, Neg Air, water

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**  
Partial Containment, Neg Air, Wet with water

**XIII. WASTE TRANSPORTER #1**

Name: Abatement Contractors of Mississippi, Inc  
Address: 761 Weathersby Rd  
City: Hattiesburg State: MS Zip: 39402  
Contact Person: Charles W Anderson Jr Tel: 6012708179

**WASTE TRANSPORTER #2**

Name:  
Address:  
City: State: Zip:  
Contact Person: Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Pine Belt Solid Waste  
Address: 5274 MS-29  
City: Overt State: MS Zip: 39464  
Contact Person: Tel: 6015452121

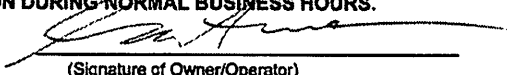
**XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**


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:**  
Stop work Notify Owner and DEQ

**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.**  
Charles W Anderson Jr (Type or Print Name)  (Signature of Owner/Operator) 3/3/23 (Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**  
Charles W Anderson Jr (Type or Print Name)  (Signature of Owner/Operator) 3/3/23 (Date)