

# 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 type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) <b>6-19-23</b>	Date Received	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>D/R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>United Methodist Ministries-Hope House</b>				
Address: <b>805 N. Flag Chapel Road</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39209</b>	
Site Location: <b>Entire home</b>		Tel: <b>601-715-9419</b>		
Building Size: <b>2931.67 sq.ft.</b>		# of Floors: <b>1</b>	Age in Years: <b>50+</b>	
Present Use: <b>unoccupied</b>		Prior Use: <b>ministry personnel residence</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>United Methodist Ministries</b>				
Address: <b>805 N. Flag Chapel Road</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39209</b>	
Contact: <b>Andre Wise</b>		Tel: <b>601-715-9419</b>		
ASBESTOS REMOVAL CONTRACTOR: <b>William S. Folks</b>				
Address: <b>16248 Perkins Road</b>				
City: <b>Baton Rouge</b>		State: <b>LA</b>	Zip: <b>70810</b>	
Contact: <b>Carl Sterling</b>		Tel:		
Certification Number: <b>ABC-00011409</b>		Expiration Date: <b>4/4/24</b>		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>no</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
House has ceiling drywall, floor & mastic that is damaged and the building is over 50 years old when asbestos was present in these products, therefore it is assumed asbestos is present				
VII. QUANTITY OF RACM TO BE REMOVED: <b>30 cu. yds. drywall, flooring &amp; mastic</b>				
Pipes (LN FT):	Surface Area (SQ FT): <b>5531.67</b>	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: <b>7/3/23</b>		Complete: <b>7/20/23</b>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>7/24/23</b>		Complete:		

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DEPT. OF ENVIRONMENTAL QUALITY

694

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

Utilize we removal techniques to keep materials wet so no airborne release

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Double bag asbestos, wet methods, environmental controls utilizing HEPA filtered air scrubbers & mobilized containment

XIII. WASTE TRANSPORTER #1

Name: Waste Pro USA

Address: 4205 Beasley Road

City: Gautier

State: MS

Zip: 39553

Contact Person: Renee Curtis

Tel: 228-256-0211

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Clearview Env. Control Facility

Address: 2253 Mudline Road

City: Lake

State: MS

Zip: 39092

Contact Person: Jim Johnston

Tel: 800-832-2937

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:

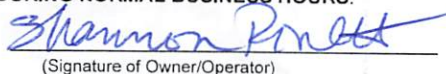
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, verify suspect material is RACM, obtain additional permits if necessary

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.

Shannon Rivett

Type or Print Name



(Signature of Owner/Operator)

6/14/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Shannon Rivett

Type or Print Name



(Signature of Owner/Operator)

6/14/23

(Date)