

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 2/21/2025	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>R</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <u>Shaw United Methodist Church</u>				
Bldg. Name: <u>Shaw United Methodist</u>				
Address: <u>117 Bayou Street</u>				
City: <u>Shaw</u>		State: <u>MS</u>	Zip: <u>38773</u>	
Site Location: <u>Interior, 1st & 2nd floor</u>			Tel: <u>N/A</u>	
Building Size: <u>5,000 sqft +/-</u>		# of Floors: <u>2</u>	Age in Years: <u>25 +/-</u>	
Present Use: <u>Vacant</u>		Prior Use: <u>Church</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Brandon Hooks Mississippi annual conference of UMC</u>				
Address: <u>320 A Briarwood Dr. Jackson, MS</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39206</u>	
Contact:		Tel: <u>601-354-0515</u>		
ASBESTOS REMOVAL CONTRACTOR: <u>Shield Environmental Services</u>				
Address: <u>105 Pierce road</u>				
City: <u>Oakland</u>		State: <u>TN</u>	Zip: <u>38060</u>	
Contact: <u>Kyle McGinnis</u> <small>Jonathan D Gambrell</small>		Tel: <u>901-734-4378</u>		
Certification Number: <u>ABC-00013151</u>			Expiration Date: <u>9/9/2025</u>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>			Inspection Date: <u>1/9/25</u>	
Inspector: <u>Megan Sweatt</u>		Certification Number: <u>AB1-0001940</u>	Expiration Date: <u>10/15/25</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>PLM - Floor tile, mastic, textured ceilings & drywall</u>				
VII. QUANTITY OF RACM TO BE REMOVED: <u>1,200 sqft</u>				
Pipes (LN FT):		Surface Area (SQ FT): <u>1,200 sqft</u>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II: <u>6,100 sqft</u>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>3/3/25</u>			Complete: <u>3/14/25</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Remove floor tile with associated mastic using hand scrapers & mastic remover

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

PPE, wet method, decon, containment, negative air

XIII. WASTE TRANSPORTER #1

Name: Kyle McGinnis

Address: 105 Pierce rd

City: Oakland

State: TN

Zip: 38060

Contact Person: Kyle McGinnis

Tel: 901-734-4378

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: WM Tunica Landfill

Address: 6035 Bowdre rd.

City: Robinsonville

State: MS

Zip: 38661

Contact Person:

Tel: 901-331-7187

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): N/A

Description of the sudden unexpected event: N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: N/A

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

All work will cease, workers will be removed from site pollution control will be called for inspection

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.

Kyle McGinnis

Type or Print Name

[Signature]

(Signature of Owner/Operator)

2/21/25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Kyle McGinnis

Type or Print Name

[Signature]

(Signature of Owner/Operator)

2/21/25

(Date)