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# 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 checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 2-8-23	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>Fondren Presbyterian Church</b>				
Address: <b>3220 Old Canton Road</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39216</b>	
Site Location: <b>Fellowship Hall and Mech Room</b>			Tel:	
Building Size:		# of Floors: <b>2</b>	Age in Years: <b>50+</b>	
Present Use: <b>Church</b>		Prior Use: <b>Church</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Fondren Presbyterian Church</b>				
Address: <b>3220 Old Canton Road</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39216</b>	
Contact:			Tel:	
ASBESTOS REMOVAL CONTRACTOR: <b>Anderson Environmental Services</b>				
Address: <b>783 Harris Street</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39202</b>	
Contact: <b>Daryl Anderson</b>			Tel: <b>601-940-4644</b>	
Certification Number: <b>ABC-00002173</b>			Expiration Date: <b>10/28/2023</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):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>floor tile and mastic, pipi insulation</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): <b>20ft</b>		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>1200sf</b>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>2/21/2023</b>			Complete: <b>3/1/2023</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3/1/2023</b>			Complete: <b>3/14/2023</b>	

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DEPT. OF ENVIRONMENTAL QUALITY

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

replacing floors and cleaning mechanical room

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

Area to be placed in containment under negative pressure and removed using wet method

**XIII. WASTE TRANSPORTER #1**

Name: TBD

Address:

City:

State:

Zip:

Contact Person:

Tel:

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Little Dixie Landfill

Address: 1716 W Countyline Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel:

**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:**

Halt all work and notify proper authorities.

**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.**

Daryl Anderson

Type or Print Name

  
(Signature of Owner/Operator)

2/7/2023

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Daryl Anderson

Type or Print Name

  
(Signature of Owner/Operator)

2/7/2023

(Date)