

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
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) Renovation					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: West Webster Christian Church					
Address 702 East Waldron St.					
City: Cornith	State: MS	Zip: 38834			
Site Location: Empty building adjacent to Webster street.			Tel:		
Building Size 6,000sf	# of Floors: 2	Age in Years: 60 + years			
Present Use: Empty	Prior Use: Church Administration Building				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Waldron Street Christian Church					
Address: 806 East Waldron St.					
City: Cornith	State: MS	Zip: 38834			
Contact: Blake Rindahl (Consultant)			Tel: (615)714-5178		
REMOVAL CONTRACTOR Team Environmental Group					
Address: 308 McCown St.					
City: Lebanon	State: TN	Zip: 37087			
Contact: Will Lankford			Tel: (615) 840-2839		
OTHER OPERATOR: AAT Environmental, Inc					
Address: 2515 Burgess Street					
City: Murfreesboro	State: TN	Zip: Murfreesboro			
Contact: Blake Rindahl					
V. IS ASBESTOS PRESENT? (Yes/No) Yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
Owner/Consultant will have to provide the Survey.					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes				Ln Ft:	Ln M:
Surface Area Transite Panels & Felt	3,000		3,000	Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07-12-21				Complete: 7-16-21	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: ?				Complete: ?	

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

Remove transite roofing.

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

Remove transite roofing intact with wet methods, utilizing trained personnel.

XII. WASTE TRANSPORTER #1

Name: **Dumpster Depot LLC**

Address: **713 US Hwy 43 South**

City: **Henderson**

State: **TN**

Zip: **38340**

Contact Person:

Tel: **(740) 572-6195**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Republic**

Address: **550 Aaron Long Rd.**

City: **Jackson**

State: **TN**

Zip: **38301**

Tel:

XIV. 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):

XV. 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:

N/A

XVI. 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 work, isolated area, and contact the local regulator.

XVII. 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.

William Lankford

(Signature of Owner/Operator)

06-25-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

William Lankford

(Signature of Owner/Operator)

06-25-21

(Date)