



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM 2021

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

Operator Project # _____ Postmark **8/30/21** Date received (M, EQ use only) **9/1/21** Notification # _____ (M, EQ use only)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) **O = ORIGINAL**

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) **E = EMER. RENOVATION**

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: **First Baptist Church - educational Building**

Address: **328 Grand Ave.**

City: **YAZOO city** State: **MS** Zip: **39194**

Site Location: **328 Grand Ave., Yazoo city, MS 39194** Tel: **662-746-2471**

Building Size: **6,000 sq ft** # of Floors: **3** Age in Years: **45+ -**

Present Use: **VACANT** Prior Use: **Sunday school service**

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **First Baptist Church of Yazoo city, MS**

Address: **328 Grand Ave.**

City: **YAZOO city** State: **MS** Zip: **39194**

Contact: **Dr. Clint Ritchie** Tel: **662-746-2471**

REMOVAL CONTRACTOR: **BELL ENVIRONMENTAL SERVICES, LLC.**

Address: **P.O. BOX 133**

City: **DELTA city** State: **MS** Zip: **39061**

Contact: **Jimmy Bell** Tel: **662-820-2124**

OTHER OPERATOR: **WARRENTON Building SERVICES**

Address: **2525 ATALA ROAD 1010**

City: **KOSCIUSKO** State: **MS** Zip: **39090**

Contact: **HOLLAND MYERS**

V. IS ASBESTOS PRESENT? (Yes/No) **(YES) TSI cluster outside of Air Handler inside Mechanical Room**

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (include inspector name and date of inspection): **INSPECTED 11/6/2018 by PAUL D. ANDERSON MS Lic. # ABZ-1686 USING THE PLM METHOD BY THE NVLAP TESTING LAB, 730 SE MAYNARD RD, CARY, NC 27511**

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed				Ln Ft:	Ln M:
2. Category I ACM Not Removed				Sq Ft:	Sq M:
3. Category II ACM Not Removed				Cu Ft:	Cu M:
Pipes 1	TSI cluster ON AIR HANDLER	<input checked="" type="checkbox"/>		25	
Surface Area 1	CEILING TEXTURE	<input checked="" type="checkbox"/>		12	
Vol RACM Off Facility Component					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **Requesting 9/8/2021** Complete: **9/10/2021**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **9/11/2021** Complete: **9/15/2021**

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

Containment, Neg-Air, Wet method / Glovebag / Air monitoring / HEPA-VAC

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: SEAL OF MECHANICAL ROOMS 1st + 2nd FLOOR, PLACE NEG-AIR/D-CON UNIT ON EACH FLOOR MECHANICAL ROOM, WET PIPES + JOINTS, WRAP AND TAPE PIPES, REMOVE SMALL AREA OF TSI, CUT IN SECTION WITH SAW CONNECTED TO HEPA-VAC. REMOVE AND DOUBLE BAG.

XII. WASTE TRANSPORTER #1

Name: BELL ENVIRONMENTAL SERVICES, LLC

Address: P.O. BOX 133

City: DELTA City

State: MS

Zip: 39061

Contact Person: Jimmy Bell

Tel: 662 820 2124

WASTE TRANSPORTER #2: N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: (BFI) Big River Landfill

Address: S2 Landfill Rd.

City: LELAND

State: MS

Zip: 38756

Tel: 662-335-9737

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: A/C UNIT FAIL IN BUILDING / NEED TO CHANGE OUT UNIT

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event: ROOMS TEMPERATURE OVER 106° INSIDE BUILDING WITH FANS

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

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER: CONTINUE UNDER CONTAINMENT CONTINUE TO WET, REVISE M,DEQ AND OWNER OF CHANGE.

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.

Jimmy Bell

Type or Print Name

Jimmy Bell

Signature of Owner/Operator

8/28/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

Signature of Owner/Operator

8/28/2021

(Date)