

uRev 11

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator/Project #	Postmark	Date Received: 4.4.2022 Em	Notification #	MDEQ (use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Enter, Renovation) R					
III. FACILITY DESCRIPTION (include building name, number and floor or room number)					
Bldg Name: First Baptist of Terry					
Address: 209 Raymond St.					
City: Terry	State: MS	Zip: 39170			
Site Location: terry ms			Tel: 601-878-5735		
Building Size: 10,000	# of Floors: 1	Age in Years: 30+			
Present Use: church	Prior Use: church				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: First Baptist of Terry					
Address: 209 Raymond St.					
City: Terry	State: MS	Zip: 39170			
Contact: George Chatham	Tel: 601-506-8502				
REMOVAL CONTRACTOR: Pearson Environmental					
Address: 2040 Fox cove east					
City: byram	State: MS	Zip: 39272			
Contact: Chris Pearson	Tel: 601-937-1186				
OTHER OPERATOR: Doron Development					
Address: po box 1525					
City: clinton	State: MS	Zip: 39060			
Contact: George chatham					
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):					
Joe Drapala/ PLM - Jan. 2022					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area	floor tile/sheetrock			Sq Ft: 500	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/5/2022			Complete: 4/6/2022		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/7/2022			Complete: 5/6/22		

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

Demolition of walls and new flooring installed, new walls constructed

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

Containment under negative pressure/wet method removal/6mil bags and poly walls

XII. WASTE TRANSPORTER #1

Name: pearsonenvironment

Address: 2040 fox cove east

City: byram

State: ms

Zip: 39272

Contact Person: chris pearson

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: little dixie

Address: 1716 W. county line rd

City: ridgeland

State: ms

Zip: 39157

Tel: 601-982-9488

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:

XVI. 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:

close off area, additional monitoring and keep material wet/ contact DEQ

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.

chris pearson

Type or Print Name

(Signature of Owner/Operator)

4/3/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

chris pearson

Type or Print Name

(Signature of Owner/Operator)

4/3/2022

(Date)