

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

<b>MDEQ Use Only:</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received <span style="font-size: 1.2em; color: blue;">2-7-23</span>	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <span style="font-size: 1.2em;">O</span>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <span style="font-size: 1.2em;">R</span>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: <span style="font-size: 1.1em;">First United Methodist Church Sanctuary</span>				
Address: <span style="font-size: 1.1em;">205 Mary Ann Dr</span>				
City: <span style="font-size: 1.1em;">Brandon</span>		State: <span style="font-size: 1.1em;">MS</span>		Zip: <span style="font-size: 1.1em;">39042</span>
Site Location:				Tel:
Building Size: <span style="font-size: 1.1em;">10,000 s/f</span>		# of Floors: <span style="font-size: 1.1em;">1</span>		Age in Years: <span style="font-size: 1.1em;">60+/-</span>
Present Use: <span style="font-size: 1.1em;">Sanctuary</span>		Prior Use: <span style="font-size: 1.1em;">Sanctuary</span>		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <span style="font-size: 1.2em;">Board of Trustees</span>				
Address: <span style="font-size: 1.1em;">205 Mary Ann Dr</span>				
City: <span style="font-size: 1.1em;">Brandon</span>		State: <span style="font-size: 1.1em;">MS</span>		Zip: <span style="font-size: 1.1em;">39042</span>
Contact: <span style="font-size: 1.1em;">Scoot Larsen</span>			Tel: <span style="font-size: 1.1em;">601-825-5958</span>	
ASBESTOS REMOVAL CONTRACTOR: <span style="font-size: 1.1em;">Jeff Evans, Inc d/b/a Eagle Construction</span>				
Address: <span style="font-size: 1.1em;">1450 Old Brandon Rd</span>				
City: <span style="font-size: 1.1em;">Flowood</span>		State: <span style="font-size: 1.1em;">MS</span>		Zip: <span style="font-size: 1.1em;">39232</span>
Contact: <span style="font-size: 1.1em;">Chuck Womack</span>			Tel: <span style="font-size: 1.1em;">601-940-5411</span>	
Certification Number: <span style="font-size: 1.1em;">ABC-1799</span>			Expiration Date: <span style="font-size: 1.1em;">3/4/2023</span>	
OTHER OPERATOR: <span style="font-size: 1.1em;">Paradrgm LLC</span>				
Address: <span style="font-size: 1.1em;">P.O. Box 1496</span>				
City: <span style="font-size: 1.1em;">Brandon</span>		State: <span style="font-size: 1.1em;">MS</span>		Zip: <span style="font-size: 1.1em;">39043</span>
Contact: <span style="font-size: 1.1em;">Will Polk</span>			Tel: <span style="font-size: 1.1em;">601-988-8345</span>	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <span style="font-size: 1.1em;">Visual</span>				
WAS ASBESTOS PRESENT? (Yes/No): <span style="font-size: 1.1em;">yes</span>			Inspection Date: <span style="font-size: 1.1em;">1-26-23</span>	
Inspector: <span style="font-size: 1.1em;">C Womack</span>		Certification Number: <span style="font-size: 1.1em;">ABI-2432</span>		Expiration Date: <span style="font-size: 1.1em;">12-2-23</span>
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> <span style="font-size: 1.2em;">FT &amp; M Assumed</span>				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> <span style="font-size: 1.2em;">3,000s/f</span>				
Pipes (LN FT):		Surface Area (SQ FT):		Volume of Facility Components (CU FT):
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: <span style="font-size: 1.1em;">2-20-23</span>			Complete: <span style="font-size: 1.1em;">2-27-23</span>	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: <span style="font-size: 1.1em;">2-20-23</span>			Complete: <span style="font-size: 1.1em;">3-30-23</span>	

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure

**XIII. WASTE TRANSPORTER #1**

Name: ADS, Inc

Address: P. O. Box 1296

City: Clinton

State: MS

Zip: 39060-1296

Contact Person: Mark Parkman

Tel: 601-925-0507

**WASTE TRANSPORTER #2**

Name: Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person: Chuck Womack

Tel: 601-940-5411

**XIV. WASTE DISPOSAL SITE**

Name: Little Dixie Landfill

Address: 1716 North County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel: 601-982-9488

**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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:**

Stop work & notify owner, keep wet and double bag immediately

**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.**

Chuck Womack

Type or Print Name

  
(Signature of Owner/Operator)

2-7-23

(Date)

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

Chuck Womack

Type or Print Name

  
(Signature of Owner/Operator)

2-7-23

(Date)