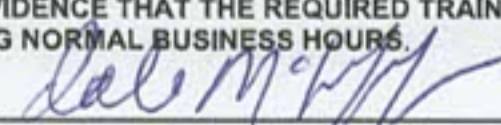
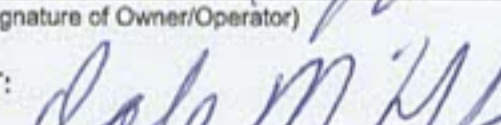


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 type="checkbox"/> Hand Delivery | | Postmark (mail only) | Date Received 6/04/2024 | AI Number |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): D=ORIGINAL | | | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D-DEMOLITION | | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): | | | | |
| Bldg. Name: former First Christian Church | | | | |
| Address: 700 High Street | | | | |
| City: JACKSON, | | State: MS | Zip: 39205 | |
| Site Location: same | | | Tel: | |
| Building Size: 25,000 SF RM | | # of Floors: 2 | Age in Years: 73 | |
| Present Use: ABANDONED | | Prior Use: CHURCH | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | | |
| OWNER NAME: STATE OF MISSISSIPPI, Department of Finance | | | | |
| Address: Woolfolk Building, North West Street. | | | | |
| City: JACKSON | | State: MS | Zip: 39205 | |
| Contact: Kevin Ingram, Jason Thomas | | | Tel: | |
| ASBESTOS REMOVAL CONTRACTOR: M & M SERVICES, Inc | | | | |
| Address: PO Box 68431 | | | | |
| City: JACKSON, MS | | State: MS | Zip: 39286 | |
| Contact: DALE McGuffie | | | Tel: 601-982-8695 | |
| Certification Number: ABC 00007007 | | | Expiration Date: 2/05/2025 | |
| OTHER OPERATOR: ALLIANT CONSTRUCTION | | | | |
| Address: 911 FLYNT DRIVE | | | | |
| City: Flowood | | State: MS | Zip: 39232 | |
| Contact: Collin Jones | | | Tel: 601-933-3522 | |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO | | | | |
| WAS ASBESTOS PRESENT? (Yes/No): NO | | | Inspection Date: APRIL 29, 2024 | |
| Inspector: Willie J. Nester | | | Certification Number: ABJ-0002244 | |
| | | | Expiration Date: 06-24-25 | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | | | | |
| 75 samples taken, floor tile, mastic, caulk, putty, adhes, pipe fittings, chalkboard, roof felt, flashing plaster, sheetrock, pipe insulation, linoleum <small>PLM as discussed by phone</small> | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: | | | | |
| 5,000 SF ROOF SHINGLES & SHEETS, 300 LF WINDOW PUTTY, 50 SF CHALKBOARD | | | | |
| Pipes (LN FT): 200 JOINTS | Surface Area (SQ FT): 20,000 SF FLOOR TILE, 3200 LF ROOF FLASHING | | | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: | | | | |
| Category I: | | Category II: | | |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: June 17, 2024 | | | Complete: Dec. 30, 2024 | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: JUNE 10, 2024 | | | Complete: Dec 30, 2024 | |

| | | |
|---|---|------------------------|
| XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Keep materials wet. BAG + Double bag labeled BAGS. | | |
| XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Keep materials wet + Removal by hand. | | |
| XIII. WASTE TRANSPORTER #1 | | |
| Name: M + M Services, Inc | | |
| Address: Box 68431 | | |
| City: JACKSON | State: MS | Zip: 39286 |
| Contact Person: DALE McCouffie | Tel: 601-982-8695 | |
| WASTE TRANSPORTER #2 | | |
| Name: NA | | |
| Address: | | |
| City: | State: | Zip: |
| Contact Person: | Tel: | |
| XIV. WASTE DISPOSAL SITE | | |
| Name: Republic Little Dixie Landfill | | |
| Address: 1716 North County Line Road. | | |
| City: JACKSON, MS | State: MS | Zip: DK |
| Contact Person: MIKE RALEY | 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: STOP WORK. Notify owner | | |
| 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. | | |
| DALE McCouffie Type or Print Name |  (Signature of Owner/Operator) | JUNE 3, 2024 (Date) |
| XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: DALE McCouffie Type or Print Name |  (Signature of Owner/Operator) | JUNE 3, 2024 (Date) |