

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 6/11/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Helena Presbyterian Church				
Address: 10401 Saracennia Rd				
City: Moss Point		State: MS	Zip: 39562	
Site Location: Church			Tel: 228-377-0294	
Building Size: 8,700 SF		# of Floors: 1	Age in Years: 30+	
Present Use: Church - kitchen		Prior Use: Barracks		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Helena Presbyterian Church				
Address: 10401 Saracennia Rd				
City: Moss Point		State: MS	Zip: 39562	
Contact: Leslie Rhodes			Tel: 228-377-0294	
ASBESTOS REMOVAL CONTRACTOR: Gulf Services Contracting				
Address: 5000 Rangeline Rd				
City: Mobile		State: AL	Zip: 36619	
Contact: Derek Biehl			Tel: 251-443-8161	
Certification Number: ABC-00001674			Expiration Date: 3/1/2025	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No): Assumed			Inspection Date: NA	
Inspector: NA		Certification Number: NA	Expiration Date: NA	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed positive black mastic in multiple layers of flooring in kitchen area.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 570 SF	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: NA			Category II: NA	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/24/2024			Complete: 6/28/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Removal of floor covering and mastic to prevent disturbance during renovation.

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

negative pressure containment, HEPA filtration, wet methods, double bagging waste.

XIII. WASTE TRANSPORTER #1

Name: Gulf Services Contracting

Address: 5000 Rangeline Rd

City: Mobile

State: AL

Zip: 36619

Contact Person: Derek Biehl

Tel: 251-443-8161

WASTE TRANSPORTER #2

Name: The Dumpster Guy

Address: 10150 Ben Hamilton Rd

City: Theodore

State: AL

Zip: 36582

Contact Person: Chris Wilkinson

Tel: 251-415-4545

XIV. WASTE DISPOSAL SITE

Name: Axis Eco South Landfill

Address: 12945 US-43

City: Axis

State: AL

Zip: 36505

Contact Person: Tiffany Broady

Tel: 251-402-1490

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. Test material. Notify owner and MDEQ of any changes

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.

Derek Biehl

Type or Print Name

[Signature]

(Signature of Owner/Operator)

6/7/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Derek Biehl

Type or Print Name

[Signature]

(Signature of Owner/Operator)

6/7/24

(Date)