

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 02-23-2024		AI Number 83579		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R Additional Work (Phase)								
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: Old Court St Church								
Address 609 Southern Ave								
City: Hattiesburg			State: MS		Zip: 39401		County: Forrest	
Site Location: Hattiesburg MS					Tel: 6012708179			
Building Size 12000-15000 S/F			# of Floors: 2		Age in Years: over 40			
Present Use: Multi Purpose			Prior Use: Church/ Multi Purpose					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)								
OWNER NAME: Sacred Heart Catholic Church								
Address: 510 West Pine ST								
City: Hattiesburg			State: MS		Zip: 39401			
Contact: Charles W Anderson Jr					Tel: 6012708179			
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc.								
Address: 761 Weathersby Rd								
City: Hattiesburg			State: MS		Zip: 39402			
Contact: Charles W Anderson Jr					Tel: 6012708179			
Certification Number: ABC-00003976					Expiration Date: 12/9/24			
OTHER OPERATOR:								
Address:								
City:			State:		Zip:			
Contact:					Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes								
WAS ASBESTOS PRESENT? (Yes/No): Yes					Inspection Date: 12/20/22			
Inspector: Joe Venus Jr			Certification Number: ABI-00001353			Expiration Date: 2/9/24		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Flooring, Misc Wall materials, Window and Door Sealants								
PLM								
VII. QUANTITY OF RACM TO BE REMOVED:								
Pipes (LN FT):			Surface Area (SQ FT):			Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:								
Category I: approx 5500 s/f flooring and mastic					Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/8/24					Complete: 5/15/24			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/1/24					Complete: 3/1/25			

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

Renovation of 1st Floor

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

Partial Containment, Wet Material, Neg Air Units

XIII. WASTE TRANSPORTER #1

Name: Abatement Contractors of Mississippi, Inc

Address: 761 Weathersby Rd

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Charles W Anderson Jr

Tel: 6012708179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Solid Waste

Address: 5274 MS-29

City: Ovett

State: MS

Zip: 39464

Contact Person:

Tel: 6015452121

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, DEQ

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.

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

2/23/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

2/23/24

(Date)