

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 01/06/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Rocky Creek Church of Christ				
Address: 3211 Rocky Creek Rd				
City: Lucedale		State: MS		Zip: 39452
Site Location: Office / Classroom Area				Tel: 601-947-2231
Building Size: 5000 SF		# of Floors: 1		Age in Years: 75
Present Use: Church		Prior Use: Church		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Same as above				
Address:				
City:		State:		Zip:
Contact:				Tel:
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.				
Address: PO Box 15925				
City: Hattiesburg		State: MS		Zip: 39404
Contact: William Stamps				Tel: 601-264-5550
Certification Number: ABC-00001660			Expiration Date: 2/23/2025	
OTHER OPERATOR: Serv Pro Mobile				
Address: 2781 MacMae Dr				
City: Mobile		State: AL		Zip: 36606
Contact: Tramaine McCants				Tel: 251-343-0534
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 10/24/2024	
Inspector: Misty Maples		Certification Number: ABI-00013138		Expiration Date: 9/12/2025
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Flooring Materials - Tile and Mastic Bulk samples were collected and read by PLM at Hayes Microbial Consulting, LLC.				
VII. QUANTITY OF RACM TO BE REMOVED: Black flooring Mastic under top layer				
Pipes (LN FT):		Surface Area (SQ FT): 1,500 SF		Volume of Facility Components (CU FT):
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/20/2025			Complete: 1/30/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/20/2025			Complete: 1/30/2025	

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

Flooring will be removed using wet , manual methods prior to demolition by others.

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

ACM will be removed using wet , manual methods.
Waste will be placed in a properly lined container for disposal.

XIII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services, Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Landfill

Address: Hwy 29 N.

City: Runnelstown

State: MS

Zip: 39465

Contact Person: James A. "Tony" Harrison, MBA

Tel: 601-545-6676

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:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

1/6/25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

1/6/25

(Date)