# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

**Mail notification to:** MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

| Operator Project # | Postmark | Date Received (MDEQ use only) | Notification # (MDEQ use only) |
|---|---|---|---|
| | | | |

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) D

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Old single family house

Bldg. Name: Residential house

Address 16391 W Main Street

| City: Louisville | State: MS | Zip: 39339 |
|---|---|---|
| Site Location: Same as above | | Tel: 662)803-3870 |
| Building Size 40 x 60 | # of Floors: 1 | Age in Years: 50 + |
| Present Use: Abandoned | Prior Use: Family residence | |

RECEIVED OCT - 9 2020

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: First Methodist Church of Louisville, Mississippi

Address: 164 West Main Street

| City: Louisville | State: MS | Zip: 39339 |
|---|---|---|
| Contact: Charles Bond | | Tel: 662. 803.3870 |

REMOVAL CONTRACTOR Air Environmental

Address: 3404 Camellia Circle

| City: Columbus | State: MS | Zip: 39705 |
|---|---|---|
| Contact: Edward Lesniak | | Tel: 662.242.5387 |

OTHER OPERATOR: Baker's Ready Mix

Address: 3495 Hwy 15 S.

| City: Louisville | State: MS | Zip: 39339 |
|---|---|---|
| Contact: Billy Baker | | |

V. IS ASBESTOS PRESENT? (Yes/No) Yes

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

Edward Lesniak - July 11, 2020 / PLM analysis for bulk samples

| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed | RACM To Be Removed | Nonfriable Asbestos Material Not To Be Removed | | Indicate Unit of Measurement Below | |
|---|---|---|---|---|---|
| | | Category I | Category II | UNIT | |
| Pipes | 3 | | X | LnFt: X | Ln M: |
| Surface Area | 3,991 | X | X | SqFt: X | Sq M: |
| Vol RACM Off Facility Component | | | | CuFt: | Cu M: |

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-20-20 Complete: 10-28-20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-29-20 Complete: 11-20-20

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

Abate ACM in select areas and make ready for demolition

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

Use wet methods, Negative air machine, danger baricade tape, ACM / DOT labeled poly bags, Safety air monitoring.

XII. WASTE TRANSPORTER #1

Name: Go Box, LLC

Address: 100 Rosecrest Lane

City: Columbus | State: MS | Zip: 39701

Contact Person: Rob Graham | Tel: 662.328.5642

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Robo Landfill

Address: 6447 Wahalak Rd.

City: ŁScooba | State: MS | Zip: 39358

Tel: 1-662-361-0300

XIV. 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):

XV. 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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop abatement work, establish regulated area, implement engineering controls.

XVII. 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.

Ed Lesniak | Ed Lesniak | 10-6-20

Type or Print Name | (Signature of Owner/Operator) | (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ed Lesniak | Ed Lesniak | 10-6-20

Type or Print Name | (Signature of Owner/Operator) | (Date)