

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) 0		RECEIVED			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)		Demo JAN 28 RECD			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Dept. of Environmental Quality					
Bldg. Name: Mt. Zion MB Church					
Address: 9154 Highway 570 East					
City: Ruth	State: MS	Zip: 39662			
Site Location: 9154 Hwy 570 East		Tel: 601-249-1999			
Building Size: 3,	# of Floors: 1	Age in Years: 40+			
Present Use: Church	Prior Use: Church				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Mt. Zion MB Church					
Address: 9120 Highway 570 East					
City: Ruth	State: MS	Zip: 39662			
Contact: Ben Thompson		Tel: 601-249-1999			
REMOVAL CONTRACTOR: Bell Environmental Services					
Address: 3016 Delta City Road					
City: Delta City	State: MS	Zip: 39061			
Contact: Jimmy Bell		Tel: 662-820-2124			
OTHER OPERATOR: Mt. Zion MB Church					
Address: Same					
City: Same	State:	Zip:			
Contact: Same					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
PLM					
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	Interior window putty			LnFt: 75	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/8/21					
Complete: 2/10/21					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/10/21					
Complete: 2/18/21					

3/21/21

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

Regular

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

Wet methods, encapsulation, enclosure

XII. WASTE TRANSPORTER #1

Name: Bell Environmental Services

Address: 3016 Delta City Road

City: Delta City

State: MS

Zip: 39061

Contact Person: Jimmy Bell

Tel: 601-820-2124

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: LeFlore County Landfill

Address: 15200 Hwy 49 South

City: Greenwood Sidon

State: MS

Zip: 38954

Tel: 662-455-7762

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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Non friable

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.

Jimmy Bell
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

1/28/21
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Paul Anderson
Type or Print Name

Paul Anderson
(Signature of Owner/Operator)

1-28-21
(Date)