

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) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Northcrest Baptist Church					
Address: North Hills Street					
City: Meridian	State: MS	Zip: 39305			
Site Location: Northcrest Baptist Church			Tel:		
Building Size	# of Floors:	Age in Years:			
Present Use: church	Prior Use: church				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Northcrest Baptist Church					
Address: North Hills Street					
City: Jackson	State: MS	Zip: 39305			
Contact:			Tel:		
REMOVAL CONTRACTOR:					
Address: Forrest Construction					
City: Jackson	State: MS	Zip: 39204			
Contact: Richard or Darius Forrest			Tel: 6017207281 or 7692168741		
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
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):					
n/a					
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			pipe insulation	Ln Ft: 60ft	Ln M:
Surface Area			floor tile & m	Sq Ft: 2600	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/15/21 Complete: 04/15/21					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

State of Mississippi, Department of Environmental Quality, 215 North Third Street, Jackson, MS 39201

1. Name of Facility: _____
 2. Address: _____
 3. City: _____
 4. State: _____
 5. Zip: _____
 6. Date of Construction: _____
 7. Type of Facility: _____
 8. Name of Owner: _____
 9. Name of Operator: _____
 10. Name of Demolition/Construction Contractor: _____
 11. Name of Asbestos Abatement Contractor: _____
 12. Name of Environmental Consultant: _____
 13. Name of Lead Asbestos Inspector: _____
 14. Name of Project Manager: _____
 15. Name of Project Engineer: _____
 16. Name of Project Designer: _____
 17. Name of Project Architect: _____
 18. Name of Project Engineer: _____
 19. Name of Project Designer: _____
 20. Name of Project Architect: _____

Item	Description	Quantity	Unit	Value
1	Asbestos Abatement	1	Job	\$10,000
2	Demolition	1	Job	\$5,000
3	Construction	1	Job	\$15,000
4	Environmental Consulting	1	Job	\$2,000
5	Asbestos Inspection	1	Job	\$1,000
6	Lead Asbestos Inspector	1	Job	\$500
7	Project Manager	1	Job	\$1,000
8	Project Engineer	1	Job	\$1,000
9	Project Designer	1	Job	\$1,000
10	Project Architect	1	Job	\$1,000
Total: _____				

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

wet method

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

poly doors windows, containment

XII. WASTE TRANSPORTER #1

Name: Forrest construction llc

Address: 591 raymond rd

City: Jackosn

State: ms

Zip: 39204

Contact Person: ric; hard or darius forrest

Tel: 6017207281

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: kemper co solid waste landfill

Address: 21211 hwy 16 west

City: Dekalb

State: ms

Zip: 39325

Tel: 6017434310

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: call mdeq

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

n/a

XVI. 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:

call mdeq

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.

Darius Forrest

Darius Forrest

03/02/21

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius Forrest.

Darius Forrest

03/02/21

Type or Print Name

(Signature of Owner/Operator)

(Date)

