

Rev

MAP

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 4-27-2023	Al Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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: First Baptist Carthage				
Address: 402 North Van Buren St.				
City: Carthage	State: MS	Zip: 39051		
Site Location: Daycare Building	Tel: 601-253-7290			
Building Size: 10,000	# of Floors: 2	Age in Years: 50+		
Present Use: Daycare	Prior Use: Daycare/ church			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: First Baptist of Carthage				
Address: 402 North Van Buren St.				
City: Carthage	State: Ms	Zip: 39051		
Contact: Richard Mayo	Tel: 601-253-7290			
ASBESTOS REMOVAL CONTRACTOR: Pearson Environmental				
Address: 130 Southpointe Dr. Ste. J				
City: Byram	State: ms	Zip: 39272		
Contact: Chris Pearson	Tel: 6019371186			
Certification Number: ABC-00005297	Expiration Date: 12-19-23			
OTHER OPERATOR: N/A				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No): Assumed (Yes) Inspection Date:				
Inspector: N/A	Certification Number: N/A	Expiration Date: N/A		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
9x9 VCT and black mastic assumed asbestos				
VII. QUANTITY OF RACM TO BE REMOVED: 2,250 sq ft of VCT and mastic				
Pipes (LN FT):	Surface Area (SQ FT): 2250	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: 5/8/23 5/10/23 Complete: 5/10/23 5/12/23				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/11/23 5/13/23 Complete: 6/11/23				

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

New flooring installed and painting

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

containment set up under negative pressure with HEPA scrubber and wet method removal/disposal at approved landfill

XIII. WASTE TRANSPORTER #1

Name: pearson environmental

Address: 130 southpointe dr ste. J

City: byram

State: ms

Zip: 39272

Contact Person: chris pearson

Tel: 6019371186

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1716 N. County Line Rd

City: ridgeland

State: ms

Zip: 39157

Contact Person: mike raley

Tel: 6019829488

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:

material will be tested and suspect material will be kept wet and additional air monitoring will be implemented and material will be removed or contained upon further instruction from DEQ and bld. owner

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.

chris pearson

Type or Print Name

(Signature of Owner/Operator)

4/27/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

chris pearson

Type or Print Name

(Signature of Owner/Operator)

4/27/23

(Date)