

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

<input checked="" type="checkbox"/> MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 9-6-2023	AI 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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: House of Jacob Community Church				
Address: 3400 Washington St.				
City: Vicksburg		State: MS	Zip: 39180	
Site Location: 3400 Washington		Tel: 318 282-8080		
Building Size: 4,000sf +/-		# of Floors: 1	Age in Years: 50+	
Present Use: Vacant		Prior Use: Office/Church		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Tom Gattle				
Address: 10100 Highway 65 South				
City: Lake Providence		State: MS	Zip: 71254	
Contact: Tom Gattle		Tel: 39180		
ASBESTOS REMOVAL CONTRACTOR: Alfred Martin				
Address: Po BOX 9361				
City: Jackson		State: MS	Zip: 39286-9361	
Contact: Alfred Martin		Tel: 601 922-1919		
Certification Number: ABC 1568			Expiration Date: 3/14/24	
OTHER OPERATOR: TBD				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Y				
WAS ASBESTOS PRESENT? (Yes/No): Y			Inspection Date: 5/15/23	
Inspector: Reginald Sampson		Certification Number: ABI 1921	Expiration Date: 7/27/24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Flooring, mastic, sheetrock, roofing, ceiling tiles PLM Method				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 1500 VCT mastic		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: 9/12/23			Complete: 9/15/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TBD			Complete: TBD	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Prep, wet removal, gag and dispose of at approved landfill

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Containment using critical barriers, properly bad debris for disposal.

XIII. WASTE TRANSPORTER #1

Name: **EMP**

Address: **PO BOX 9361**

City: **Jackson**

State: **MS**

Zip: **39286**

Contact Person: **Alfred Martin**

Tel: **601 922-1919**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: **Little Dixie**

Address: **West County Line Rd.**

City: **Ridgeland**

State: **MS**

Zip: **39157**

Contact Person: **Mike Railey**

Tel: **601 982-9488**

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Work halted. Additional sampling

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.

Alfred Martin, Ph.D.

Type or Print Name

Alfred L. Martin, Ph.D.
(Signature of Owner/Operator)

9/5/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred Martin, Ph.D.

Type or Print Name

Alfred L. Martin, Ph.D.
(Signature of Owner/Operator)

9/5/23

(Date)