

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 12/19/13	AI Number
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: First United Methodist Church Childcare Facility				
Address: 100 Mt. Salus Road				
City: Clinton		State: MS	Zip: 39056	
Site Location: Childcare Facility			Tel: (601) 924-6671	
Building Size: Approx. 5000		# of Floors: 2	Age in Years: 50+	
Present Use: Daycare		Prior Use: Daycare		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: First United Methodist Church				
Address: 100 Mt. Salus Road				
City: Clinton		State: MS	Zip: 39056	
Contact: Michelle Ritinhouse			Tel: (601) 924-6671	
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL				
Address: 783 HARRIS STREET				
City: JACKSON		State: MS	Zip: 39202	
Contact: DARYL ANDERSON			Tel: 601-354-4400	
Certification Number: ABC-00002173			Expiration Date: 10-27-24	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 12-13-2023	
Inspector: Paul Anderson		Certification Number: ABI-00001686	Expiration Date: 06/09/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floors, ceilings, roof, walls				
Procedure PLM-Polarized Light Microscopy				
VII. QUANTITY OF RACM TO BE REMOVED: 182sf Sheet vinyl				
Pipes (LN FT):		Surface Area (SQ FT):	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: 1-03-23 1-03-24 Complete: 1-04-23 1-04-24				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Bathroom floor replacement		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Area barricaded off with asbestos danger tape, placed under neg air, material kept wet and placed in acm bags for disposal		
XIII. WASTE TRANSPORTER #1		
Name: Anderson Environmental		
Address: 783 Harris Street		
City: Jackson	State: MS	Zip: 39202
Contact Person: Daryl Anderson		Tel: (601) 354-4400
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: Republic Service Little Dixie Landfill		
Address: 1716 North County Line, Ridgeland, MS 39157		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: Landfill Manager		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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
Halt all work and notify the proper authority		
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.		
DARYL ANDERSON		12-18-23
Type or Print Name		(Date)
(Signature of Owner/Operator)		
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
DARYL ANDERSON		12-18-23
Type or Print Name		(Date)
(Signature of Owner/Operator)		