

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 10/10/2024	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				
Address: 200 West Lampkin Street				
City: Starkville		State: MS	Zip: 39759	
Site Location: Old Kitchen Area / Consists of one room			Tel: 662-323-5722	
Building Size: 22,000 S.F.		# of Floors: 2	Age in Years: Over 25	
Present Use: Church		Prior Use: Church		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: First United Methodist Church				
Address: 200 West Lampkin Street				
City: Starkville		State: MS	Zip: 39759	
Contact: John Everitt			Tel: 601-940-9259	
ASBESTOS REMOVAL CONTRACTOR: Environmental Evaluation & Control, Inc.				
Address: P.O. Box 5422				
City: Columbus		State: MS	Zip: 39704	
Contact: Ron Robinson			Tel: 662-328-2286	
Certification Number: ABC-00007293			Expiration Date: 03-22-25	
OTHER OPERATOR: To Be Determined				
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: 10-03-2024	
Inspector: Ron Robinson		Certification Number: ABI-00001499	Expiration Date: 02-12-25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
9" x 9" Floor Tile & Mastic, Felt Vapor Barrier & Mastic, Sheet Vinyl & Mastic				
Environmental Hazard Services, PLM Method				
VII. QUANTITY OF RACM TO BE REMOVED: 375 S.F. 9" x 9" Floor Tile; 50 S.F. Sheet Vinyl & Mastic				
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: 10-24-24			Complete: 10-25-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: To Be Determined			Complete: To Be Determined	

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

Removal of asbestos containing materials using wet method.

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

Strip & Removal, Wet Method, Double Bagging

XIII. WASTE TRANSPORTER #1

Name: Environmental Evaluation & Control, Inc.

Address: P.O. Box 5422

City: Columbus

State: MS

Zip: 39704

Contact Person: Ron Robinson

Tel: 662-328-22869

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Big Sky Environmental

Address: 5100 Flat Top Road

City: Adamsville

State: AL

Zip: 35005

Contact Person: John Click

Tel: 205-914-0053

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS: N/A

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

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.

Ron Robinson



10-10-24

Type or Print Name

(Signature of Owner/Operator)

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson



10-10-24

Type or Print Name

(Signature of Owner/Operator)

(Date)