MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark Hand Delivered 12/14/21	Date Received (MDEQ use only) 12/14/21	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: Wesley Foundation - Student Fellowship Center

Address 286 E Lee Blvd

City: Starkville	State: MS	Zip: 28677
Site Location:		Tel: 662-435-3393
Building Size 8,800 sf	# of Floors: 2	Age in Years: 58
Present Use: Meeting Rooms	Prior Use: Meeting Rooms	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Wesley Foundation United Methodist Ministry

Address: 286 E Lee Blvd

City: Starkville	State: MS	Zip: 28677
Contact: Hugh Griffith		Tel: 662-435-3393

REMOVAL CONTRACTOR Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood	State: MS	Zip: 39232
Contact: Chuck Womack		Tel: 601-940-5411

OTHER OPERATOR: Weathers Construction, Inc

Address: 1396 Hwy 69

City: Columbus	State: MS	Zip: 39702

Contact: Gary Weathers

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):

PLM Ron Robinson 2008

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				LnFt:	Ln M:
Surface Area	3,808 sf FT/M			SqFt: X	Sq M:
Vol RACM Off Facility Component	3,608 sf spray on			CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/27/2021 Complete: 1/15/2022

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/27/2021 Complete: 1/15/2022

RECEIVED

DEC 14 REC'D

Dept. of Environmental Quality

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person

XII. WASTE TRANSPORTER #1

Name: Waste Pro - Columbus

Address: P. O. Box 801

City: Columbus	State: MS	Zip: 39703
Contact Person: Julie Goodin		Tel: 662-328-5528

WASTE TRANSPORTER #2

Name: Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood	State: MS	Zip: 39232
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: Kemper Co Landfill

Address: 21211 Hwy 16 East

City: Dekalb	State: MS	Zip: 39328

Tel: 601-743-4310

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:

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

XVI. 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:

Keep wet & notify owner

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.

Chuck Womack — Type or Print Name

(Signature of Owner/Operator)

12/14/2021 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack — Type or Print Name

(Signature of Owner/Operator)

12/14/2021 — (Date)