

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

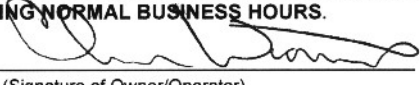
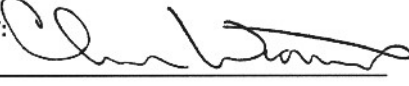
Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 9.28.22	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: Baker Petrolite Chemical				
Address: 3705 Industrial Blvd				
City: Laurel	State: MS	Zip: 39442		
Site Location:		Tel:		
Building Size: 8,000 sf	# of Floors: 1	Age in Years: 60 +/-		
Present Use: Offices	Prior Use: Offices			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Baker Petrolite Chemical				
Address: 3705 Industrial Blvd				
City: Laurel	State: MS	Zip: 39442		
Contact:		Tel:		
ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction				
Address: 1450 Old Brandon Rd				
City: Flowood	State: MS	Zip: 39232		
Contact: Chuck Womack	Tel: 601-940-5411			
Certification Number: ABC-1799	Expiration Date: 3/4/2023			
OTHER OPERATOR: Chris Albritton Construction Co, Inc				
Address: 2100 Bush Dairy Rd				
City: Laurel	State: MS	Zip: 39443		
Contact: Chris Albritton	Tel: 601-425-9100			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 9/20/2022		
Inspector: J Venus	Certification Number: ABI-1353	Expiration Date: 2/10/2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
All suspect materials		PLM		
VII. QUANTITY OF RACM TO BE REMOVED: 1,500 sf FT/M				
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: 10/11/2022		Complete: 10/12/2022		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/11/2022		Complete: 5/30/2023		

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XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of asbestos containing materials with hand tools		
XII. 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		
XIII. WASTE TRANSPORTER #1		
Name: ADS, Inc		
Address: P. O. Box 1296		
City: Clinton	State: MS	Zip: 39060-1296
Contact Person: Mark Parkman	Tel: 601-925-0507	
WASTE TRANSPORTER #2		
Name: Eagle Construction		
Address: 1450 Old Brandon Rd		
City: Flowood	State: MS	Zip: 39232
Contact Person: Chuck Womack	Tel: 601-940-5411	
XIV. WASTE DISPOSAL SITE		
Name: Little Dixie Landfill		
Address: 1716 North County Line Rd		
City: Ridgeland	State: MS	Zip: 39157
Contact Person:	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:		
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.		
Chuck Womack		9/28/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Chuck Womack		9/28/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)