



# 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 10-10-22	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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Former Church Bldg				
Address: 1635 Grandview Dr				
City: Laurel	State: MS	Zip: 39440		
Site Location:		Tel:		
Building Size: 15,000 +/-	# of Floors: 1	Age in Years: 70 +/-		
Present Use: Vacant	Prior Use: Church			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Kim's No Bull Automobile Dealership				
Address: 1030 MS-15				
City: Laurel	State: MS	Zip: 39440		
Contact: Kim Bull	Tel: 601-425-4701			
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: Baxter Construction				
Address: 904 Walnut St, Ste 101				
City: Des Moines	State: IA	Zip: 50309		
Contact: Jeremy Butts	Tel: 515-288-1030			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 8/3/2022		
Inspector: B McKnight	Certification Number: ABI-1685	Expiration Date: 6/10/2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
All suspect		PLM		
VII. QUANTITY OF RACM TO BE REMOVED: 14,000sf sheetrock/mud walls, 3,000sf 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: 10/24/2022		Complete: 12/30/2022		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/24/2022		Complete: 3/30/2023		

RECEIVED

OCT 10 2022

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Removal of asbestos containing materials with hand tools		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Stop work and notify competent person		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Eagle Construction		
Address: 1450 Old Brandon Rd		
City: Flowood	State: MS	Zip: 39232
Contact Person: Chuck Womack	Tel: 601-940-5411	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: PineBelt Regional Landfill		
Address: 5274 Hwy 29 South		
City: Ovett	State: MS	Zip: 39464
Contact Person: Mr. Smith	Tel: 601-545-2121	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b>		
<b>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.</b>		
Chuck Womack		10/10/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Chuck Womack		10/10/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)