

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 01-15-2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Phase IV - Cynthia Lake Green Room				
Bldg. Name: Old Byars Furniture Building				
Address: 300 Range Avenue				
City: Philadelphia		State: MS	Zip: 39350	
Site Location: 311 Byrd Avenue Philadelphia MS			Tel: 601.352.7396	
Building Size: Appx 7,200 sf		# of Floors: 1	Age in Years: 100+	
Present Use: Storage / Unused Space		Prior Use: Furniture Storage / Furniture Display Area		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MARTY STUART CONGRESS OF COUNTRY MUSIC, INC.				
Address: 256 West Beacon Street				
City: Philadelphia		State: MS	Zip: 39350	
Contact: David Vowell			Tel: 601.352.7396	
ASBESTOS REMOVAL CONTRACTOR: 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: 3/1/25	
OTHER OPERATOR: W.G. Yates & Sons Construction				
Address: 104 Gully Avenue				
City: Philadelphia		State: MS	Zip: 39350	
Contact: Blake Pickering			Tel: 601.656.5411	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 10.24.24	
Inspector: Paul Anderson		Certification Number: MDEQ# ABI-1686	Expiration Date: 5.31.25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: FIELD SURVERY, BULK SAMPLING, & 3RD PARTY LABORATORY ANALYSIS PLM FLOORING, ROOFING, S.R. WALLS & CEILINGS				
VII. QUANTITY OF RACM TO BE REMOVED: 290 SF FLOORING, 870SF S.R. CEILING, 5,840 SF BUILT UP ROOFING				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: APPX 3,820 SQFT NOT IN FOOTPRINT OF RENOVATION				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1.29.25 Complete: 2.20.25				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2.20.25 Complete: 1.31.26				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
DEMO AND REMOVE: 1) 290 SF OF BOTTOM LAYER LINOLEUM & MASTIC 2) 870 SF OF TEXTURED CEILING 3) 5,840 SF OF BUILT UP ROOFING

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
STOP WORK & NOTIFY COMPERTENT PERSON. KEEP WET. SEAL ALL CRITICAL BARRIERS & PUT UNDER NEGATIVE PRESSURE.

XIII. WASTE TRANSPORTER #1

Name: EAGLE CONSTRUCTION

Address: 1450 OLD BRANDON ROAD

City: FLOWOOD

State: MS

Zip: 39232

Contact Person: CHUCK WOMACK

Tel: 601.940.5411

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: LITTLE DIXIE LANDFILL

Address: 1716 NORTH COUNTY LINE ROAD

City: RIDGELAND

State: MS

Zip: 39157

Contact Person: MIKE RALEY

Tel: 601.981.9488

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:

STOP WORK & SURVEY

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
KEEP WET. DOUBLE BAG. NOTIFY OWNER

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

Type or Print Name

(Signature of Owner/Operator)

01.14.25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

CHUCK WOMACK

Type or Print Name

(Signature of Owner/Operator)

01.14.25

(Date)