

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 2/20/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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): living rm & ext windows				
Bldg. Name: Cabin 5 See site map attached.				
Address: Upper Loop Rd				
City: Morton		State: MS	Zip: 39117	
Site Location: Upper Loop Rd			Tel: 601-732-6316	
Building Size: 1,000 S/f +/-		# of Floors: 1	Age in Years: 60 +/-	
Present Use: Vacant		Prior Use: Vacation Rental		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MDWFP				
Address: 1505 Eastover Dr				
City: Jackson		State: MS	Zip: 39211	
Contact: Lynn Posey			Tel: 601-432-2400	
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: Mills Contracting				
Address: 1085 Gluckstadt Rd Bldg 300				
City: Madison		State: MS	Zip: 39110	
Contact: Matt Mills			Tel: 601-842-6216	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 11-19-24	
Inspector: Willie Nester		Certification Number: ABI2244	Expiration Date: 1-24-25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM - linoluem, vct, cove base, sheetrock walls, ceiling tiles, carpet adhesive, door-window caulk, stucco, built-up roofing, roof insulation, roof deck, ext. brick & mortar				
VII. QUANTITY OF RACM TO BE REMOVED: 500 s/f of flooring & 100 l/f of caulking				
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: 2-25-25			Complete: 3-10-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-10-25			Complete: 8-80-25	

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, keep wet, seal all critical barriers & put under negative pressure

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work & notify owner, keep wet and double bag immediately ..

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)

02.20.2025
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Chuck Womack
Type or Print Name


(Signature of Owner/Operator)

02.20.2025
(Date)

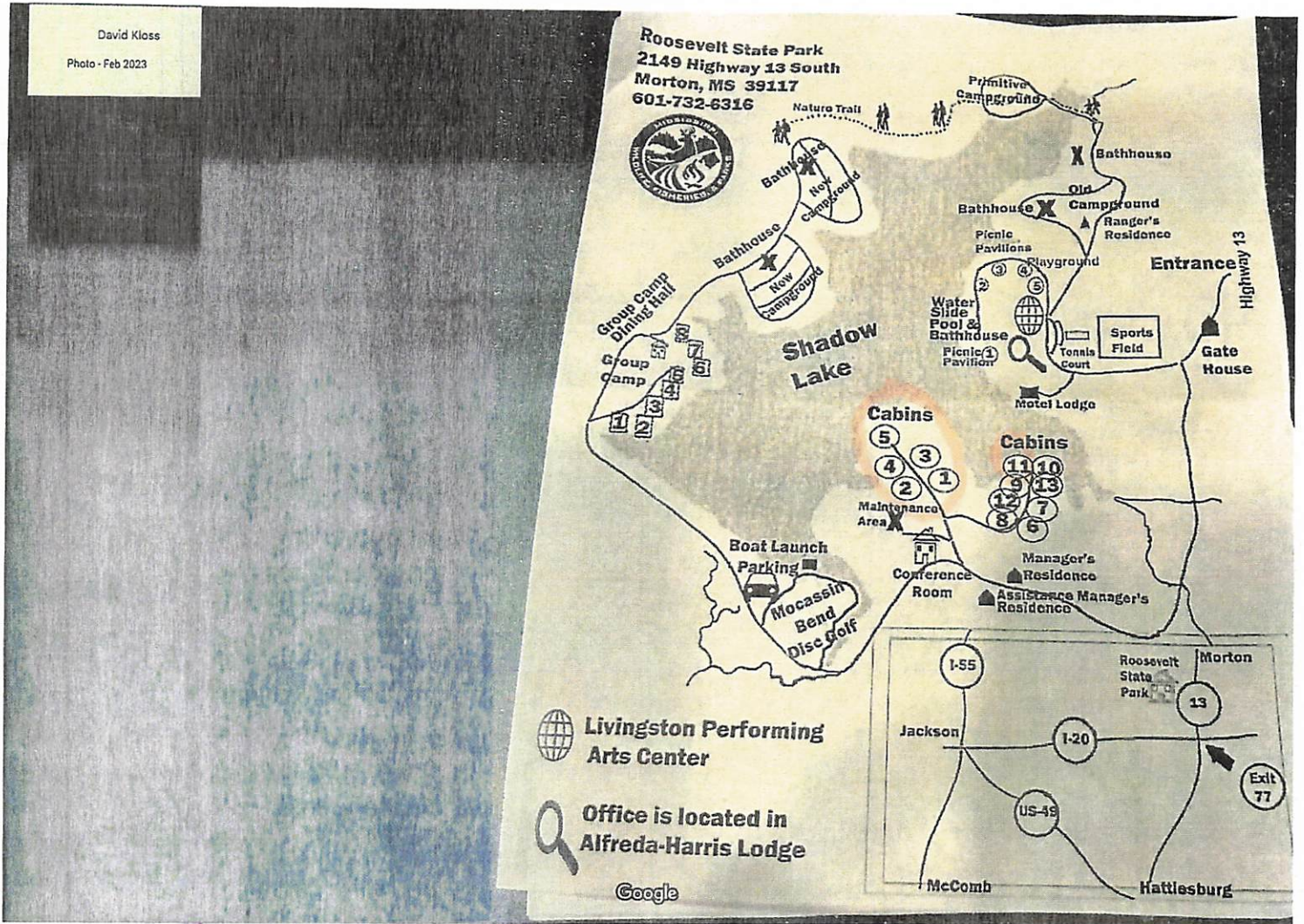


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