

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: Mail	Postmark (mail	only)	ly) Date Recei		Al Number		
	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): Demo							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Units 12-17							
Bldg. Name: Tracetown Shopping Center Phase I Redevelopment Area							
Address: 55 Sergeant Prentiss Drive							
city: Natchez		State: MS	Zip: 39120				
Site Location: 31° 31' 36.38" N, -91° 23' 17.16" W				Tel: 601.442.7599			
Building Size: 30,000 square feet +/-		# of Floors: 1		Age in Years: 70 +/-			
Present Use: Vacant		Prior Use: Comm	ercial	I			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Natchez Hardware Center, Inc.							
Address: Post Office Box 418							
City: Vidalia	State: LA		_{Zip:} 71373				
Contact: Jimmy R. Smith		Tel: 318-481		-0350			
ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction							
Address: 1450 Old Brandon Road							
City: Flowood	State: MS		Zip: 39232				
Contact: Chuck Womack	Tel: 601-940-						
Certification Number: ABC-00001799	Expiration Date: 03/		on Date: 03/07/2	2026			
OTHER OPERATOR: G. Rayborn Contracting LLC							
Address: 692 Highway 61 North							
city: Natchez		State: MS		Zip: 601-445-8930			
contact: Garrett Rayborn	Contact: Garrett Rayborn			Tel: 601-445-8930			
V. WAS SITE INSPECTED TO DETERMINE PRE	V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes						
WAS ASBESTOS PRESENT? (Yes/No): Yes				ion Date: 01/31/24, 04/03/24, and 05/01/24			
Inspector: Reginald Sampson Certification Number: ABI-00001921 Expiration Date: 07/19/25							
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The inspection included a visual assessment of suspect asbestos containing material (ACM) and subsequent sampling and analysis. The samples collected were transported for asbestos analysis to EMSL Labs in Baton Rouge, LA, a laboratory accredited by the National Voluntary Laboratory Accreditation Program (NVLAP). Bulk samples were analyzed for asbestos content using Polarized Light Microscopy (PLM) with Dispersion Staining (EPA Method 600/R-93/116).							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT):	urface Area (S	SQ FT):		Volume of Facility	Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A							
Category I: Category II:							
IX SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/21/25 Complete: 04/30/25							
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/21/25 Complete: 05/31/25							

Removal of ACM with hand tools / Demo B							
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING DEMOLITION OR RENOVATION SITE:	NG CONTROLS TO BE USE	D TO PREVENT EMISSION	NS OF ASBESTOS AT THE				
Stop work and notify competent person, ke	ep wet, seal all criti	cal barriers, & neg	ative pressure				
XIII. WASTE TRANSPORTER #1							
Name: Bluff City Equipment Rentals, Inc							
Address:P.O. Box 1443							
_{City:} Natchez	State: MS	Zip:39121					
Contact Person: Jon Ward Junkin		Te::601.597.9982	·				
WASTE TRANSPORTER #2	····						
Name: Eagle Construction							
Address: 1450 Old Brandon Road							
city:Flowood	State: MS	_{Zip:} 39232					
Contact Person: Chuck Womack		Tel: 601.940.5411					
XIV. WASTE DISPOSAL SITE							
Name: Plantation Oaks Landfill							
Address: 35 Shieldsboro Road							
_{City:} Sibley	State: MS	Zip: 39165					
Contac: Person: Nathan Liewellyn		Tel:337.207.6371					
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
Name:	Title:						
Authority:							
ate 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:							
		bla Canada					
Explanation of how the event caused unsafe conditions or would	i cause equipment damage o	r an unreasonable financial	burden:				
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE			OUND OR PREVIOUSLY				
Stop work & notify owner, keep wet, and do							
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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 EURING, NORMAL BUSINESS HOURS.							
Chuck Womack	Jan / Do		04/18/25				
Type or Print Name	(Signature of Owner/Operator)		(Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECTED TO THE CHUCK Womack	7/03		04/18/25				
Type or Print Name	(Signature of Owner/Operator)		(Date)				