

## DEF MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: Pos Émail □Mail □Hand Delivery	Postmark (mail only)		Date Received 04/08/2025		Al Number				
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original									
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):									
Bldg. Name: Tracetown Shopping Center Phase I Redevelopment Area									
Address: 55 Sergeant Prentiss Drive									
<sub>City:</sub> Natchez		State: MS		<sub>Zip:</sub> 39120					
Site Location: 31° 31' 36.38" N, -91° 23' 17.16" W				Tel:					
Building Size: 30,000 square feet +/-		# of Floors: 1		Age in Years:					
Present Use: Vacant	F	Prior Use: Commercial							
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		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				<sub>Zip:</sub> 39232					
Contact: Chuck Womack				Tel: 601-940-5411					
Certification Number: ABC-00001799			Expiration	ration Date: 03/07/2026					
OTHER OPERATOR: G. Rayborn Contracting LLC									
Address: 692 Highway 61 North									
City: Natchez	ity: Natchez State: MS		<sub>Zip:</sub> 601-445-8930		930				
<sub>Contact:</sub> Garrett Rayborn				<sub>Tel:</sub> 601-445-8930					
V. WAS SITE INSPECTED TO DETERMINE PRESE	NCE OF ASE	BESTOS? (Yes/No	): Yes						
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 01/31/24, 04/03/24, and 05/01/25						
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: Floortile 5k s/f, sheetrock 5k s/f, transite 5k s/f									
Pipes (LN FT): Surface Area (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: 04/07/25 Complete: 04/27/25									
x. scheduled dates demo/renovation (MM/DD/YY) Start: 04/27/25 Complete: 05/17/25									

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	TION WORK, AND	METHOD	S) TO BE USED:					
Removal of ACM 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, & negative pressure								
XIII. WASTE TRANSPORTER #1								
Name: Eagle Construction								
Address: 1450 Old Brandon Road								
City: Flowood	State: MS		<sub>Zip:</sub> 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: Plantation Oaks Landfill								
Address: 35 Shieldsboro Road								
<sub>City:</sub> Sibley	State: MS		<sub>Zip:</sub> 39165					
Contact Person:	Tel: 866-676-7150							
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:								
Name:								
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:								
TO BE								
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:								
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	يكيمك	Son	~	04/01/25				
Type or Print Name	(Signature of Owner/	Operator)		(Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT CONTROL C		Son	<b>≫</b>	04/01/25				
Type or Print Name	(Signature of Owner	(Operator)		(Date)				