MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)

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) E / D

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: State Bank & Trust Co

Address 230 S. Main St

City: McComb	State: MS	Zip: 39648
Site Location:		Tel:
Building Size 17,000 sq ft	# of Floors: 3	Age in Years: 100 +/-
Present Use: Vacant	Prior Use: Offices	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Terrance Alexander d/b/a Jubilee Performing Arts Center

Address: 405 Maryland Ave

City: McComb	State: MS	Zip: 39648
Contact: Terrance Alexander		Tel: 601-6004183

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

OTHER OPERATOR:

Address:

City:	State:	Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No)

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

PLM Chuck Womack ABI-2432 7/26/17

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area			5,000 sq ft roofing	SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/27/17 Complete: 8/3/17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/25/17 Complete: 8/15/17

RECEIVED

AUG 10 2017

Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Removal of asbestos containing materials with hand tools

XI. 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

XII. WASTE TRANSPORTER #1

Name: Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood	State: MS	Zip: 39232
Contact Person:		Tel: 601-940-5411

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: Magnolia Landfill / Pike Co

Address: 2103 Hwy 48 E

City: Magnolia	State: MS	Zip: 39652

Tel: 601-600-1617

XIV. 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):

XV. FOR EMERGENCY RENOVATIONS: Talked to Tommy

Date and Hour of Emergency (MM/DD/YY): 7/23/17

Description of the sudden unexpected event: Building roof collapsed

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

Danger of debris falling / unsafe for surrounding businesses

XVI. 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, keep wet, report to Supervisor immediately

XVII. 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)

8/10/17 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack — Type or Print Name

(Signature of Owner/Operator)

8/10/17 — (Date)