

# 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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: <b>6/21/22</b>	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: <b>Rose's Dept Store (Former JC Penney Bldg)</b>				
Address: <b>810 W Park Ave</b>				
City: <b>Greenwood</b>		State: <b>MS</b>	Zip: <b>38930</b>	
Site Location:			Tel:	
Building Size: <b>44,000 +/-</b>		# of Floors: <b>1</b>	Age in Years: <b>60 +/-</b>	
Present Use: <b>Vacant</b>		Prior Use: <b>Retail</b>		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Allied Development</b>				
Address: <b>805 W Park Ave</b>				
City: <b>Greenwood</b>		State: <b>MS</b>	Zip: <b>38930</b>	
Contact: <b>James Holt Lowe</b>			Tel: <b>662-453-5135</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Jeff Evans, Inc d/b/a Eagle Construction</b>				
Address: <b>1450 Old Brandon Rd</b>				
City: <b>Flowood</b>		State: <b>MS</b>	Zip: <b>39232</b>	
Contact: <b>Chuck Womack</b>			Tel: <b>601-940-5411</b>	
Certification Number: <b>ABC-1799</b>			Expiration Date: <b>3/4/2023</b>	
OTHER OPERATOR: <b>KT Builder</b>				
Address: <b>P. O. Box 1609</b>				
City: <b>Greenwood</b>		State: <b>MS</b>	Zip: <b>38935</b>	
Contact: <b>Jim McNeer</b>			Tel: <b>662-453-7765</b>	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>5/20/2022</b>	
Inspector: <b>Chuck Womack</b>		Certification Number: <b>ABI-2432</b>	Expiration Date: <b>11/12/2022</b>	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
<b>FT/M</b>		<b>PLM</b>		
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT):		Surface Area (SQ FT): <b>43,500 sf FT/M</b>	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: <b>7/5/2022</b>			Complete: <b>7/30/2022</b>	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: <b>7/5/2022</b>			Complete: <b>12/30/2022</b>	

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**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

**XIII. WASTE TRANSPORTER #1**

Name: Waste Hauling & Disposal

Address: P. O. Box 870

City: Leland

State: MS

Zip: 38756

Contact Person:

Tel: 662-347-0052

**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: Big River Landfill

Address: 48 Landfill Rd

City: Leland

State: MS

Zip: 38756

Contact Person:

Tel: 662-332-6730

**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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

**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)

6/21/2022

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

6/21/2022

(Date)