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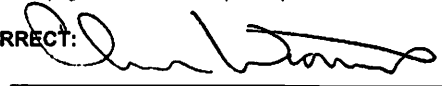
# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 1.20.23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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): UMC Learning Center - L023,L024,L025 &L026				
Bldg. Name: UMC Learning Center - L023,L024,L025 &L026				
Address: 2500 North State St				
City: Jackson		State: MS	Zip: 39216	
Site Location: 2500 North State St, Jackson, MS				Tel:
Building Size: 100,000 +/-		# of Floors: 8	Age in Years: 60 +/-	
Present Use: Research		Prior Use: Research		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: University Medical Center				
Address: 2500 North State St				
City: Jackson		State: MS	Zip: 39216	
Contact: Virgil Lamkin				Tel: 769-233-3797
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: Sunbelt General Contractors, Inc				
Address: P. O. Box 55701				
City: Jackson		State: MS	Zip: 39296	
Contact: Brian Bukvich				Tel: 601-951-3203
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 1/18/2023	
Inspector: C Womack		Certification Number: ABI-2432	Expiration Date: 12/2/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: FT/M PLM				
VII. QUANTITY OF RACM TO BE REMOVED: 900 sf FT/M				
Pipes (LN FT):		Surface Area (SQ FT): 900	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: 2/8/2023			Complete: 2/15/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/8/2023			Complete: 3/30/2023	

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<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Removal of asbestos containing materials with hand tools		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: ADS, Inc		
Address: P. O. Box 1296		
City: Clinton	State: MS	Zip: 39060-1296
Contact Person: Mark Parkman	Tel: 601-925-0507	
<b>WASTE TRANSPORTER #2</b>		
Name: Eagle Construction		
Address: 1450 Old Brandon Rd		
City: Flowood	State: MS	Zip: 39232
Contact Person: Chuck Womack	Tel: 601-940-5411	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Little Dixie Landfill		
Address: 1716 North County Line Rd		
City: Ridgeland	State: MS	Zip: 39157
Contact Person:	Tel: 601-982-9488	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b>		
Stop work & notify owner, keep wet and double bag immediately		
<b>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.</b>		
Chuck Womack		1/26/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Chuck Womack		1/26/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)