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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 3-17-23	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 N137 & N137-A				
Bldg. Name: University Medical Center - N137 & N137-A				
Address: 2500 North State St				
City: Jackson		State: MS	Zip: 39216	
Site Location:			Tel: 601-984-1477	
Building Size: 100,000 +/-		# of Floors: 7	Age in Years: 70 +/-	
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: Ken Parvin			Tel: 601-984-1477	
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		3/3/2024
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 2/2/2023		
Inspector: Chuck Womack		Certification Number: ABI-2432		Expiration Date: 1/18/2024
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
FT/M, Cove Base		PLM		
VII. QUANTITY OF RACM TO BE REMOVED: 1,000 sf FT/M				
Pipes (LN FT):		Surface Area (SQ FT): 1,000		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: 3/30/2023		Complete: 4/3/2023		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/30/2023		Complete: 4/7/2023		

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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, keep wet, seal all critical barriers & put under negative pressure		
XIII. WASTE TRANSPORTER #1		
Name: ADS, Inc		
Address: P. O. Box 1296		
City: Clinton	State: MS	Zip: 39060-1296
Contact Person: Mark Parkman	Tel: 601-925-0507	
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: Little Dixie Landfill		
Address: 1716 North County Line Rd		
City: Ridgeland	State: MS	Zip: 39157
Contact Person:	Tel: 601-982-9488	
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 CRUMBLER, 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		3/17/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Chuck Womack		3/17/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)