

MAP


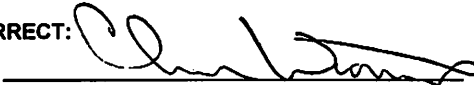
# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<b>MDEQ Use Only:</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>	<b>Date Received</b> 7.5.2023	<b>AI Number</b>
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> D				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: Rankin Co Farm Bureau				
Address: 104 Louis Wilson Dr				
City: Brandon		State: MS	Zip: 39042	
Site Location: 104 Louis Wilson Dr, Brandon, MS 39042			Tel: 601-825-5056	
Building Size: 2,500 sf		# of Floors: 1	Age in Years: 40 +/-	
Present Use: Offices		Prior Use: Offices		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
<b>OWNER NAME:</b> Rankin Co Farm Bureau				
Address: 104 Louis Wilson Dr				
City: Brandon		State: MS	Zip: 39042	
Contact: Kevin Myers			Tel: 601-500-5510	
<b>ASBESTOS REMOVAL CONTRACTOR:</b> 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	
<b>OTHER OPERATOR:</b> Ronny Williams Construction				
Address: 565 N Church				
City: Florence		State: MS	Zip: 39073	
Contact: Ronny Williams			Tel: 601-613-2741	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): Yes				
<b>WAS ASBESTOS PRESENT?</b> (Yes/No): Yes			Inspection Date: 3/26/2021	
Inspector: C Womack		Certification Number: ABI-2432	Expiration Date: 12/2/2023	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
FT/M, window caulk/glazing, roofing, ceiling tile, sheetrock			PLM	
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> 50 lf window caulk & 100 sf FT/M				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b> N/A				
Category I:			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 7/18/2023			Complete: 7/19/2023	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 7/20/2023			Complete: 7/30/2023	

RECEIVED  
 JUL 05 2023

EPT. OF ENVIRONMENTAL QUALITY

<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 CRUMBLLED, 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		7/5/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Chuck Womack		7/5/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)