



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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 11/11/2024	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):				
Bldg. Name: Vacant Space				
Address: 635 North Commerce Street				
City: West Point		State: MS	Zip: 39773	
Site Location: Hallway, Rear Entry Room			Tel: 662-325-6637	
Building Size: 4,800 S.F.		# of Floors: 2	Age in Years: Over 25	
Present Use: Vacant		Prior Use: Jewelry Store		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Alfred Lockett				
Address: P.O. Box 3822				
City: Mississippi State		State: MS	Zip: 39762	
Contact: Alfred Lockett			Tel: 662-325-6637	
ASBESTOS REMOVAL CONTRACTOR: Environmental Evaluation & Control, Inc.				
Address: P.O. Box 5422				
City: Columbus		State: MS	Zip: 39704	
Contact: Ron Robinson			Tel: 662-328-2286	
Certification Number: ABC-00007293			Expiration Date: 03/22/2025	
OTHER OPERATOR: Dowdy Construction and Maintenance, LLC				
Address: 405 5th Ave S				
City: Columbus		State: MS	Zip: 39701	
Contact: Matt Dowdy			Tel: (662) 251-4003	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 06/04/2024	
Inspector: Lee Roberts		Certification Number: ABI-00009020	Expiration Date: 02/07/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floor Tile & Mastic, Window Caulking, Wall Roof Caulking, Metal Roof Coating, Carpet, Cove Base, Ceiling Tile, Sheetrock, Plaster, Concrete Panel, Duct Insulation, Window Glaze				
PLM Method, Triangle Environmental Services				
VII. QUANTITY OF RACM TO BE REMOVED: 1,073 S.F. Floor Tile & Mastic; 80 S.F. Asbestos Panel				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11-25-24			Complete: 11-26-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TBD			Complete: TBD	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of asbestos containing materials using wet method.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Strip & Removal, Wet Method, Double Bagging, Containment		
XIII. WASTE TRANSPORTER #1		
Name: Environmental Evaluation & Control, Inc.		
Address: P.O. Box 5422		
City: Columbus	State: MS	Zip: 39704
Contact Person: Ron Robinson	Tel: 662-328-2286	
WASTE TRANSPORTER #2 N/A		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Big Sky Environmental		
Address: 5100 Flat Top Road		
City: Adamsville	State: AL	Zip: 35005
Contact Person:	Tel: 662-793-4795	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: N/A	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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.		
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.		
Ron Robinson		11-11-24
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Ron Robinson		11-11-24
Type or Print Name	(Signature of Owner/Operator)	(Date)