

# 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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>	<b>Date Received</b> 3/20/2025	<b>AI Number</b>
<b>I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):</b> O				
<b>II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):</b> r				
<b>III. FACILITY DESCRIPTION (Include building name, number and floor or room number):</b> Cafeteria				
Bldg. Name: Mize Attendance Center Cafeteria				
Address: 125 School Rd				
City: Mize		State: MS	Zip: 39116	
Site Location: 125 School rd			Tel: 601-733-2242	
Building Size: 3,000 s/f +/-		# of Floors:	Age in Years: 70 +/-	
Present Use: Vaacnt		Prior Use: cafeteria		
<b>IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)</b>				
<b>OWNER NAME:</b> Smith Co School District				
Address: 212 Sylvarena Rd				
City: Raleigh		State: MS	Zip: 39153	
Contact: John King			Tel: 601-782-4296	
<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    3/07/2025	
<b>OTHER OPERATOR:</b> Sullivan Enterprises				
Address: 100 Industrial Park Rd				
City: Magee		State: MS	Zip:	
Contact: Joey Sullivan			Tel: 601-382-2571	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):</b> Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 8-2-24	
Inspector: Dejonnette King		Certification Number: ABI-1497	Expiration Date: 7-30-25	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> PLM - flooring, caulking, ceiling tiles				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> 280 l/f of window caulking				
Pipes (LN FT):		Surface Area (SQ FT):	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 (MM/DD/YY) Start:</b> 4-03-25			Complete: 4-15-25	
<b>X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:</b> 4-03-25			Complete: 7-30-25	

**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

Type or Print Name

(Signature of Owner/Operator)

3-10-25

(Date)

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

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

3-10-25

(Date)