MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

| Wight notification to. Wide | | | | 1 1 | At Niverbox | | | |
|--|----------------|-----------------|-----------------------------|--------------------------|--------------------|--|--|--|
| MDEQ Use Only: ☑Email □Mail □Hand Delivery | Postmark (mail | I only) | Date Received 04-04-2024 | | Al Number 81562 | | | |
| 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): [| | | | | | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): All 37 rms | | | | | | | | |
| Bldg. Name: Motel Hall | | | | | | | | |
| Address: Corner of Hickory St. & Church St 1 Hill | | St | | see campus map | | | | |
| City: Goodman | | State: Ms | | Zip: 39079 | | | | |
| Site Location: Main Campus 32.968173, 89.914 | | 422 | | Tel: 662-472-2312 | | | | |
| Building Size: 8,000 s/f +/- | | # of Floors: 2 | | Age in Years: 60+/- | | | | |
| | | Prior Use: Dorm | | | | | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | | | | | | |
| OWNER NAME: Holmes Community College | | | | | | | | |
| Address: 1 Hill St | | | | | | | | |
| City: Goodman | State: Ms | | z _{ip:} 39079 | | | | | |
| Contact: Joey Netherland Jr | | | | Tel: 662-472-2312 | | | | |
| ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction | | | | | | | | |
| Address: 1450 Old Brandon Rd | | | | | | | | |
| | | State: MS | | zip: 39232 | | | | |
| Contact: Chuck Womack | | | Tel: 601-940-5411 | | | | | |
| Certification Number: ABC-1799 | | | Expiration Date: 3/1/2025 | | | | | |
| OTHER OPERATOR: Byrd & Cook | | | | | | | | |
| Address: 2110 US 80 | | | | | | | | |
| | | State: MS | | Zip: 39208 | | | | |
| Contact: Russ Almond | | | | Tel: 6019393060 | | | | |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes | | | | | | | | |
| WAS ASBESTOS PRESENT? (Yes/No): Yes Inspe | | | Inspection | ction Date: 3-4-24 | | | | |
| Inspector: Chuck Womack Certification Number: ABI-2432 | | | 32 | Expiration Date: 12-7-24 | | | | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | | | | | | | | |
| Assumed - Floor tile & mastic | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: 6,200 s/f floor tile & mastic | | | | | | | | |
| | | | | | omnonents (CU FT): | | | |
| Pipes (LN FT): Surface Area (SQ FT): Volume of Facility Components (CU FT): | | | | | | | | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category I: Category II: | | | | | | | | |
| Outogory ii | | | | | | | | |
| X. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-6-24 Complete: 5-20-24 Complete: 6-30-24 | | | | | | | | |
| X. SCHEDULED DATES DEMO/RENOVATIO | N (MM/DD/YY) S | otari: • • | | Complete | •\ | | | |

| XI. DESCRIPTION OF PLANNED DEMOLITION OR R | ENOVATION WORK A | ND METHO | DIGITO DE USE | |
|---|--|----------------|--|-----|
| Removal of asbestos containing mate | rials with hand to | ools | JD(S) TO BE USED: | |
| XII. DESCRIPTION OF WORK PRACTICES AND ENG DEMOLITION OR RENOVATION SITE: | | | ED TO PREVENT EMISSIONS OF ASBESTOS AT 7 | THE |
| Stop work and notify competent person, keep wet, s | eal all critical barriers | & out unde | OF Decative pressure | |
| XIII. WASTE TRANSPORTER #1 | | | | |
| Name: ADS, Inc | | | | |
| Address: P. O. Box 1296 | | - | | |
| City: Clinton | Me | | T | |
| Contact Person: Mark Parkman | State: MS | | zip: 39060-1296 | |
| WASTE TRANSPORTER #2 | - | | Tel: 601-925-0507 | |
| Name: Eagle Construction | | | | |
| Address: 1450 Old Brandon Rd | | | | |
| City: Flowood | MC | | 1 | |
| Contact Person: Chuck Womack | State: MS | | Zlp: 39232 | |
| | | | Tel: 601-940-5411 | |
| XIV. WASTE DISPOSAL SITE Name: Little Dixie Landfill | | | | |
| Address: 1716 North County Line Rd | | | | |
| City: Ridgeland | T 110 | | | |
| | State: MS | | Zip: 39157 | |
| Contact Person: | | | Tel: 601-982-9488 | |
| XV. IF DEMOLITION ORDERED BY A GOVERNMENT A | GENCY, PLEASE IDEN | TIFY 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: | | | | |
| and state states and pected avent. | | | | |
| Explanation of how the event caused uponts and there are | | | | |
| Explanation of how the event caused unsafe conditions or | would cause equipment | damage or | an unreasonable financial burden: | |
| xvii. Description of procedures to be follow Nonfriable astestos material becomes crun Stop work & notify owner, keep wet and | IDEED, FOLVERIZED, I | JK KEDUC | ED TO POWDER: | |
| XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DNSITE DURING THE DEMOLITION OR RENOVATION, I THIS PERSON WILL BE AVAILABLE FOR INSPECTION | PROVISIONS OF THIS AND EVIDENCE THAT DURING NORMAL BUS | REGULATHE REQU | TION (40 CFR PART 61, SUBPART M) WILL BE IIRED TRAINING HAS BEEN ACCOMPLISHED BY DURS. | |
| Chuck Womack | 100 | \sim | 4-4-24 | |
| Type or Print Name | (Signature of Owner/0 | Operator) | (Date) | |
| KIX. I CERTIFY THAT THE ABOVE INFORMATION IS CO Chuck Womack | RRECTED | | 4-4-24 | |
| Type or Print Name | (Signature of Owner/ | Operator) | (Date) | |
| | | | (0818) | |



