MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: Mail	Postmark (mail		Date Re		Al 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): D								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number); 5 bldgs on site								
Bldg. Name: 138 N Wheatley Site								
Address: 138 N Wheatley St								
city: Ridgeland		State: MS		Zip: 39157				
Site Location:				Tel: n/a				
uilding Size: 12,000 s/f total		# of Floors: 1		Age in Years: 60+\-				
Present Use: vacant	Prior Use: chemical plant							
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)								
OWNER NAME: Watkins Roofing								
Address: 218 N Wheatley st				30157				
_{City:} Ridgeland		State: MS		Zip: 39157				
Contact: Michael Dier Tel: 601-706-8358								
ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction								
Address: 1450 Old Brandon Rd City: Flowood State: MS Zip: 39232								
O.O.		State: MS		Tel: 601-940-5411				
Contact: Chuck Womack								
Certification Number: ABC-1799 Expiration Date: 3/4/2023 3/01/2025								
OTHER OPERATOR: Hodges Land Services								
	_{dress:} 825 Highway 12 W			Zip: 39090				
200/11		State: MS	State: IVIS		186			
Contact: Guille Deal. Marie					Tel: 601-672-2086			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes								
WAS ASBESTOS PRESENT? (Yes/No): Yes			tion Date: 8-28-24					
Inspector: William Faulkner Certification Number: ABI-11986 Expiration Date: 9-15-24 9/05/2025 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:								
PLM - Transite, brick motar, insulation, floor tile, ceiling tile caulking, roofing, sheetrock								
1 Livi Transco, Strok motar, m								
VII. QUANTITY OF RACM TO BE REMOVED: 2,500s/f transite,2,000s/f ceiling,90l/f insulation, 160l/f caulk								
	Values of Facility Compagants (CILETY)							
Pipes (LIVPT).								
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category I: Category II:								
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-21-24 Complete: 11-10-24								
IX. CONLEGGEE BATTLE TICKET								
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-21-24 Complete: 12-30-24								

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 AGENC	Y, PLEASE I	DENTIFY 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 I NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE	N THE EVEN D, PULVERIZ	T THAT UNEXF ED, OR REDU	PECTED ASBESTOS IS CED TO POWDER:	FOUND OR PREVIOUSLY				
Stop work & notify owner, keep wet and double bag immediately								
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PR ONSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DUR	EVIDENCE	HALINERES	SOIVED IVAIINING LIVE	S BEEN ACCOMPLISHED BY				
Chuck Womack	10	12	8	(Date)				
Type or Print Name	Taighte of	Musicherster	-	(Duile)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORN Chuck Womack	193	1 -		10.03.24				
Type or Print Name	(Signature of	Wnen Operator)	~~~	(Date)				

