

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Revised: 2/00

I. TYPE OF NOTICE: (X) Original () Revision () Canceled
() Annual () Info. Only

II. TYPE OF PROJECT: (X) Renovation () Demolition
() Ordered Demolition () Emergency Renovation

III. SITE INFORMATION: Name: BlueCross BlueShield
Description: Breakroom Renovation
Address: 3475 Lakeland Drive
City: Flowood County: Rankin State: MS Zip: 39232
Contact Person: Brady Watts Telephone: 601-594-0593

IV. OWNER INFORMATION: Name: BlueCross BlueShield of Mississippi
Full Mailing Address: 3475 Lakeland Drive, Flowood, MS 39232
Contact Person: Brady Watts Telephone: 601-594-0593

V. ASBESTOS REMOVAL CONTRACTOR: Name: M & M Services, Inc.
Certification No: ABI-00002321 Exp. Date: Jan. 30, 2016
Full Mailing Address: Post Office Box 68431, Jackson, Mississippi 39286
Contact Person: Dennis McGuffie Telephone: 601-982-8695

VI. CONTRACTOR (Other): Name: M & M Services, Inc.
Full Mailing Address: Post Office Box 68431, Jackson, Mississippi 39286
Contact Person: Dale McGuffie Telephone: 601-982-8695

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: August 01, 2015 Removal Project Stop: October 31, 2015

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: _____ Project Stop: _____ Prep Date: _____

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 10,000 Bldg. Size (LN FT): _____
No. of Floors: 2 Age in Years: 1974
Present Use: Office Building Prior Use: Office Building

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? (X) Yes () No
Inspection Date: March 06, 2015 Asbestos Present? (X) Yes () No
Inspector: Dennis McGuffie Cert. No.: ABI-00002321 Exp. Date: Jan. 17, 2016
Identify suspect materials sampled: Floor Tiles and Mastic
Laboratory Analysis: TEM _____ PLM X Other _____
Name of Laboratory: EMSL Analytical, Inc.

XI. QUANTITY OF RACM TO BE REMOVED
Pipes (LN FT) _____ Surface Area (SQ FT) 1,300
Volume of Facility Components (CU FT) _____ Flooring and mastic _____

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED x TO BE REMOVED
Category I: X Category II: _____

XIII. WASTE TRANSPORTER: Name: M & M Services, Inc.
Full Mailing Address: P.O. BOX 68431 JACKSON, MS 39286
Contact Person: DENNIS MCGUFFIE Telephone: 601-982-8695

RECEIVED
JUL 13 2015
Dept. of Environmental Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Little Dixie Landfill
Physical Location: 1716 N. County Line Road, Ridgeland, Mississippi 39157
Full Mailing Address: 1716 n. County Line Road, Ridgeland, Mississippi 39157
Contact Person: Mike Raley Telephone: 601-982-9488

* All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: _____
Physical Location: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):

<input type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other – Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Remove all asbestos containing materials.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
ALL WORK IN AREA TO CEASE. SUSPECT MATERIALS TO BE WET DOWN WITH WATER AND INSPECTOR/ OWNERS REPRESENTATIVE TO BE CALLED IN.

* Will MDEQ be notified of any significant changes? (XX) yes () no

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY BELOW:
Name: N/A Title: _____
Authority: _____
Date of Order: / / Date Demolition to Begin: / /

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: / / Time: _____
Description of the sudden, unexpected event:
N/A
Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:
N/A

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.

Dale McGuffie, President  07/10/15
Type or Print Name and Title Signature Date

MAIL TO: Office of Pollution Control
101 West Capitol Street, Suite 100 or P. O. Box 10385
Jackson, MS 39201 Jackson, MS 39289-0385
(601) 961-5171