

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

- I. TYPE OF NOTICE:  Original  Annual  Revision  Info. Only  Canceled
- II. TYPE OF PROJECT:  Renovation  Ordered Demolition  Demolition  Emergency Renovation
- III. SITE INFORMATION: Name Gilmore Medical Center  
 Description: Hospital  
 Address: 1105 Earl Frye Blvd  
 City: Amory County: Monroe State: MS ZIP: 38821  
 Contact Person: Carol Upton Telephone: 662-256-6035
- IV. OWNER INFORMATION: Name: Community Health Systems  
 Full Mailing Address: 4000 Meridian Blvd, Franklin, TN 37067  
 Contact Person: Owner Rep Rich Crim Telephone: 615-254-8500
- V. ASBESTOS REMOVAL CONTRACTOR: Name: Team Environmental Group  
 Certification No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Full Mailing Address: PO Box 488 Lebanon, TN 37088  
 Contact Person: Jeremy Aker Telephone: 615-364-7466
- VI. CONTRACTOR (Other): Name: Gobbell Hays Partners  
 Full Mailing Address: 217 5th Ave North, Nashville, TN 37219  
 Contact Person: Rich Crim Telephone: 615-254-8500
- VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):  
 Removal Project Start: \_\_\_/\_\_\_/\_\_\_ Removal Project Stop: 12/31/16
- VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):  
 Project Start: \_\_\_/\_\_\_/\_\_\_ Project Stop: \_\_\_/\_\_\_/\_\_\_ Prep. Date: \_\_\_/\_\_\_/\_\_\_
- IX. BUILDING INFORMATION: Bldg. Size (SQ FT): Est. 160,000 Bldg. Size (LNFT): \_\_\_\_\_  
 No. of Floors: 2 Age in Years: \_\_\_\_\_  
 Present Use: Hospital Prior Use: \_\_\_\_\_
- X. ASBESTOS INSPECTION:  
 Was site inspected to determine presence of asbestos:  Yes  No  
 Inspection Date: \_\_\_/\_\_\_/\_\_\_ Asbestos Present?  Yes  No  
 Inspector: \_\_\_\_\_ Cert. No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Identify suspect materials sampled: \_\_\_\_\_  
 Laboratory Analysis: TEM \_\_\_\_\_ PLM \_\_\_\_\_ Other \_\_\_\_\_  
 Name of Laboratory: \_\_\_\_\_
- XI. QUANTITY OF RACM TO BE REMOVED:  
 Pipes (LN FT) 2006.64 Surface Area (SQ FT) \_\_\_\_\_  
 Volume of Facility Components(CU FT) \_\_\_\_\_
- XII. QUANTITY OF NONFRIABLE ASBESTOS  NOT REMOVED  TO BE REMOVED:  
 Category I: \_\_\_\_\_ Category II: \_\_\_\_\_
- XIII. WASTE TRANSPORTER: Name: Waste Connection of Mississippi  
 Full Mailing Address: 278 Holmes Rd, Holly Springs MS 38635  
 Contact Person: \_\_\_\_\_ Telephone: 662-315-0012



STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Prairie Bluff Landfill  
Physical Location: 1649 Highway 15 North, Houston, TN 30851  
Full Mailing Address: \_\_\_\_\_  
Contact Person: Charles Gardner Telephone: 602-456-9560  
\*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/RENOVATION PROCEDURES TO BE USED (Check all that apply):  
 Strip & Removal     Double Bagging     Mechanical Chipping     Component Removal  
 Wrecking Ball     Gross Demolition     Remove Intact     Bulldozer  
 Containment     Glove Bag     Explode     Negative Air  
 Wet Method     Roofing Saw     Other - Explain Below: \_\_\_\_\_

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:  
Cleaning out and making minor repairs in basement and crawlspaces, some pipe insulation is ACM, damaged or poor condition insulation will be removed using glove bag procedures.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:  
Regulatory authorities to be notified.  
\*Will MDEQ be notified of any significant changes?  Yes  No

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

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: \_\_\_\_/\_\_\_\_/\_\_\_\_, Time: \_\_\_\_\_  
Description of the sudden, unexpected event: \_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden: \_\_\_\_\_

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.  
Jeremy Aker  
Type or Print Name & Title

[Signature]  
Signature

6-3-16  
Date

MAIL TO: Office of Pollution Control    Physical Address 515 Amite Street  
P.O. Box 2261    Jackson, MS 39201  
Jackson, MS 39225  
(601) 961-5171