

**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

RECEIVED  
FEB 16 2017  
Dept. of Environmental Quality

III. SITE INFORMATION: Name: South Central Regional Medical Center  
Description: Ground Floor Renovations  
Address: 1220 Jefferson Street  
City: Laurel County: Jones State: MS Zip: 39440  
Contact Person: Stanley CoCo Telephone: 601-426-4551

IV. OWNER INFORMATION: Name: South Central Regional Medical Center  
Full Mailing Address: 1220 Jefferson Street, Laurel, Mississippi 39440  
Contact Person: Stanley CoCo Telephone: 601-426-4551

V. ASBESTOS REMOVAL CONTRACTOR: Name: M & M Services, Inc.  
Certification No: ABC-00007007 Exp. Date: Jan. 24, 2018  
Full Mailing Address: Post Office Box 68431, Jackson, Mississippi 39286  
Contact Person: Dale McGuffie Telephone: 601-982-8695

VI. CONTRACTOR (Other): Name: Reeves Construction, Inc.  
Full Mailing Address: Post Office Box 1829, Laurel, Mississippi 39441  
Contact Person: Graham Reeves Telephone: 601-649-3861

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):  
Removal Project Start: February 27, 2017 Removal Project Stop: March 31, 2017

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):  
Project Start: 01/01/2017 Project Stop: 06/30/2017 Prep Date:

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 100,000 Bldg. Size (LN FT): 100  
No. of Floors: 3 Age in Years: +30 yrs  
Present Use: Hospital Prior Use: Hospital

X. ASBESTOS INSPECTION:  
Was site inspected to determine presence of asbestos? (X) Yes ( ) No  
Inspection Date: January 25, 2017 Asbestos Present? (X) Yes ( ) No  
Inspector: Ron Robinson Cert. No.: ABI-00001499 Exp. Date: May 06, 2017  
Identify suspect materials sampled: Floor Tiles and Mastic  
Laboratory Analysis: TEM PLM X Other  
Name of Laboratory: CEI Labs

XI. QUANTITY OF RACM TO BE REMOVED  
Pipes (LN FT) Surface Area (SQ FT) 3,100 sf  
Volume of Facility Components (CU FT) Floor tile 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: DALE MCGUFFIE Telephone: 601-982-8695

**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 checked="" 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 CRUMBLED, 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  02/13/17  
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