

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM**

*Please type or print legibly.*

**Incomplete notices will not meet notification requirements.**

**I. TYPE OF NOTICE:**       Original       Revision       Canceled  
 Annual       Info. Only

**II. TYPE OF PROJECT:**       Renovation       Demolition  
 Ordered Demolition       Emergency Renovation

**III. SITE INFORMATION:**      Name: Bolivar Medical Center  
Description: Hospital/Medical Offices  
Address: 901 E. Sunflower Road  
City: Cleveland      County: Bolivar      State: MS      ZIP: 38732  
Contact Person: Mike Saxton      Telephone: 662-402-0082

**IV. OWNER INFORMATION:** Name: LifePoint Health  
Full Mailing Address: 330 SEVEN SQUARES WAY - BRENTWOOD, TN 37027  
Contact Person: Mike Saxton      Telephone: 662-402-0082

**V. ASBESTOS REMOVAL CONTRACTOR:** Name: EnviroRem, Inc.  
Certification No.: ABC-00004273      Expiration Date: 07-14-2017  
Full Mailing Address: 1715 Locheam Rd - Memphis, TN 38116  
Contact Person: Charles Powell      Telephone: 901-345-0000

**VI. CONTRACTOR (Other):** Name: N/A  
Full Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_      Telephone: \_\_\_\_\_

**VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 04 / 03 / 17      Removal Project Stop: 04 / 07 / 17

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

**IX. BUILDING INFORMATION:**      Bldg. Size (SQ FT): 165,000 (+)      Bldg. Size (LNFT): \_\_\_\_\_  
No. of Floors: 4      Age in Years: 57 (+)  
Present Use: Hospital - Medical      Prior Use: Hospital - Medical

**X. ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos:  Yes       No  
Inspection Date: 08 / 29 / 16      Asbestos Present?  Yes       No  
Inspector: Charles Powell      Cert. No.: ABI-00002180      Expiration Date: 04-28-2017  
Identify suspect materials sampled: Flooring Materials  
Laboratory Analysis:      TEM \_\_\_\_\_      PLM \_\_\_\_\_      Other \_\_\_\_\_ Visual Inspection - Assumed to be asbestos due to materials in other areas of structure testing "Positive" for asbe  
Name of Laboratory: Visual Inspection

**XI. QUANTITY OF RACM TO BE REMOVED:**  
Pipes (LN FT) \_\_\_\_\_      Surface Area (SQ FT) \_\_\_\_\_  
Volume of Facility Components(CU FT) \_\_\_\_\_

**XII. QUANTITY OF NONFRIABLE ASBESTOS**       NOT REMOVED       TO BE REMOVED:  
Category I: 1,100 (+) Floor Tile & Mastic      Category II: \_\_\_\_\_

**XIII. WASTE TRANSPORTER:** Name: RES  
Full Mailing Address: 820 N. Chrisman - Cleveland, MS 38732  
Contact Person: Alan Howell      Telephone: 662-843-0110

**RECEIVED**  
**MAR 20 2017**  
 Dept. of Environmental Quality

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: Leflore Landfill  
 Physical Location: 15200 Hwy 49 S - Sidon, Ms 38954  
 Full Mailing Address: SAME  
 Contact Person: Troy Thompson Telephone: 662.455.7760  
 \*All asbestos waste should go to a permitted sanitary landfill.

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):**  
 Name: N/A  
 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):**

<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 checked="" type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input checked="" type="checkbox"/> Other - Explain Below:	

**XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:**  
Wet Removal - Critical Barriers - Negative Air Machines - Splash Guards - HEPA Vacuum - Hand Tools - Chemical Removal of Mastics  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 will stop - work area will be sealed to isolate the area from other non-work areas - workers will be removed from the area - Owner and MDEQ will 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: 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.

Charles Powell - EnviroRem, Inc. - VP Operations  
**Type or Print Name & Title**

  
**Signature**

3/17/17  
**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