

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
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) R			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Ambulatory Surgery - DRMC Consolidation Phase I			
Bldg. Name: Delta Regional Medical Center			
Address 1400 E Union St			
City: Greenville	State: MS	Zip: 38703	
Site Location:		Tel: 662-378-3783	
Building Size 100,000 +/-	# of Floors: 4	Age in Years: 50 +/-	
Present Use: Hospital	Prior Use: Hospital		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Delta Regional Medical Center			
Address: 1400 E Union St			
City: Greenville	State: MS	Zip: 38703.	
Contact: Scott Upchurch		Tel: 662-453-6860	
REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction			
Address: 1450 Old Brandon Rd			
City: Flowood	State: MS	Zip: 39232	
Contact: Chuck Womack		Tel: 601-940-5411	
OTHER OPERATOR: Upchurch Plumbing, Inc.			
Address: P. O. Box 8106			
City: Greenwood	State: MS	Zip: 38935-8106	
Contact: Scott Upchurch			
V. IS ASBESTOS PRESENT? (Yes/No) Y			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): 2/9/17 PLM Joseph M Drapala ABI-3042 Exp 7/28/17			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below	
		Category I	Category II
Pipes	RACM To Be Removed		Ln Ft: Ln M:
Surface Area			Sq Ft: X Sq M:
Vol RACM Off Facility Component		5,000	Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/16/17		Complete: 7/16/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/16/17		Complete: 5/16/18	

RECEIVED

MAY 3 - 2017

Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Removal of asbestos containing materials with hand tools

XI. 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

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 52 Landfill Rd

City: Leland

State: MS

Zip: 38756

Contact Person:

Tel: 662-332-4487

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill

Address: 48 Landfill Rd

City: Leland

State: MS

Zip: 38756

Tel: 662-332-7927

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. 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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE 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.

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

5/3/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

5/3/17

(Date)