MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Mail notification to: Date Received (MDEQ use only) Notification # Operator Project # Postmark I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) III. FACILITY DESCRIPTION (Include building name, number and floor or room number) MS Baptist Medical Center Bldg. Name: 3rd, 4th, 5th & 6th Elevator Lobbies & Corridors Address 1225 North State St Zip: 39202 State: MS City: Jackson Site Location: Tel: Age in Years: 40 +/-Building Size 200,000 +/-# of Floors: 6 Present Use: Hospital Prior Use: IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: MS Baptist Medical Center Address: 1225 North State St ept. Zip: 39202 State: MS City: Jackson Tel: 601-750-7934 Kim Cumberland REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd ta Zip: 39232 State: MS City: Flowood Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Byrd & Cook Paint & Decorating Address: 2110 Hwy 80 E Zip: 39208 City: Pearl State: MS Contact: Adam Byrd 601-214-4388 V. IS ASBESTOS PRESENT? (Yes/No) Yes VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable INCLUDING: Asbestos Material Not Indicate Unit of RACM To Be Removed Measurement Below Regulated ACM to be Removed To Be Removed Category I ACM Not Removed Category II ACM Not Removed Category I Category II UNIT LnFt: Ln M: Pipes 8 500 floor tile & mastic SqFt: X Sq M: Surface Area CuFt: Cu M: Vol RACM Off Facility Component Complete: 7/3/17 6/3/17 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete: 8/3/17 6/3/17 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:

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: ADS, Inc				
Address: P. O. Box 1296				
City: Clinton	State: MS		Zip: 39060-1296	
Contact Person: Mark Parkman			Tel: 601-925-0507	
WASTE TRANSPORTER #2				
Name:				
Address:				
City:	State:		Zip:	
Contact Person:			Tel:	
XIII. WASTE DISPOSAL SITE				
Name: Little Dixie Landfill				
Address: 1716 County Line Rd				
City: Ridgeland	State: MS		Zip: 39157	
Tel: 601-982-9488				
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:				
Name: Title:				
Authority:				
Date of Order (MM/DD/YY):		Date Ordered t	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:				
Pre-approved by Tommy Moody				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS 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 OF INSPECTION DURING NORMAL BUSINESS HOURS. Chuck Womack (Control of the Control of				
Type or Print Name (Signature of Owner/Operator) (Date)				
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/31/17			5/31/17	
	(Signature of Owner/Operator)		(Date)	