

# 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) <b>Revised</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>REGIONS BANK - NEW ALBANY BRANCH</b>				
Address <b>112 East Bankhead Hwy</b>				
City: <b>NEW ALBANY</b>	State: <b>MS</b>	Zip: <b>38652</b>		
Site Location: <b>Roof</b>		Tel: <b>662-534-0921</b>		
Building Size <b>N/A</b>	# of Floors: <b>2</b>	Age in Years: <b>N/A</b>		
Present Use: <b>Bank &amp; Tenant space</b>		Prior Use: <b>Bank &amp; Tenant space</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>REGIONS FINANCIAL CORPORATION</b>				
Address: <b>250 Riverchase Pkwy Suite 600</b>				
City: <b>Birmingham</b>	State: <b>AL</b>	Zip: <b>35244</b>		
Contact: <b>Michelle Long</b>		Tel: <b>205-560-4259</b>		
REMOVAL CONTRACTOR <b>ONE STOP ENVIRONMENTAL, LLC</b>				
Address: <b>4800 Division Ave</b>				
City: <b>Birmingham</b>	State: <b>AL</b>	Zip: <b>35222</b>		
Contact: <b>Corey Bingham</b>		Tel: <b>205-500-1465</b>		
OTHER OPERATOR: <b>N/A</b>				
Address: <b>N/A</b>				
City: <b>N/A</b>	State: <b>N/A</b>	Zip: <b>N/A</b>		
Contact: <b>N/A</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>N/A</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>ASBESTOS INSPECTOR: Kelvin Thigpen - Bulk Sampling, PLM</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT
Pipes	N/A	N/A	N/A	Ln Ft: N/A    Ln M: N/A
Surface Area	Felt Paper	N/A	N/A	Sq Ft: 7350    Sq M: N/A
Vol RACM Off Facility Component	N/A	N/A	N/A	Cu Ft: N/A    Cu M: N/A
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>6/19/2017</b>		Complete: <b>6/24/2017</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>N/A</b>		Complete: <b>N/A</b>		

**RECEIVED**  
**JUN - 7 2017**  
Dept. of Environmental Quality

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

**Removal of complete membrane roofing system: CUT & REMOVE**

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

All cuts to non-ACM membrane will be wet cuts, Amended H2O will be utilized.

XII. WASTE TRANSPORTER #1

Name: **ENHANCED ENVIRONMENTAL & EMERGENCY RESPONSE INC.**

Address: **3450 McCracken Rd.**

City: **Hernando** State: **MS** Zip: **38632**

Contact Person: **John Barrett** Tel: **N/A**

WASTE TRANSPORTER #2

Name: **N/A**

Address: **N/A**

City: **N/A** State: **N/A** Zip: **N/A**

Contact Person: **N/A** Tel: **N/A**

XIII. WASTE DISPOSAL SITE

Name: **THREE RIVERS REGIONAL LANDFILL**

Address: **1904 Hwy 76 West**

City: **Pontotoc** State: **MS** Zip: **38863**

Tel: **662-489-2415**

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

Name: **N/A** Title: **N/A**

Authority: **N/A**

Date of Order (MM/DD/YY): **N/A** Date Ordered to Begin (MM/DD/YY): **N/A**

XV. FOR EMERGENCY RENOVATIONS: **N/A**

Date and Hour of Emergency (MM/DD/YY): **N/A**

Description of the sudden unexpected event: **N/A**

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:  
**N/A**

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:

**STOP WORK, CONCEAL WORK AREA, & NOTIFY**

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.

Shannon Riley

Type or Print Name

(Signature of Owner/Operator)

6/1/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Corey Bingham

Type or Print Name

(Signature of Owner/Operator)

6/1/2017

(Date)

**Signatures.** The notification should be signed (both certifications) by the owner and/or operator in control of the regulated activity, or that person's authorized representative. Please include the typed or printed name with each signature.

**Submission.** Project notifications should be mailed or delivered to:

MDEQ Asbestos Section  
515 E. Amite Street  
Jackson, MS 39201