

# 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) <u>Original</u>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo <u>R=Renovation</u> E=Emer. Renovation)				Renovation			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: <u>Park Place</u>							
Address: <u>105 Hillcrest Drive</u>							
City: <u>Houston</u>			State: <u>MS</u>		Zip: <u>38851</u>		
Site Location:				Tel:			
Building Size: <u>4,880 sf</u>			# of Floors: <u>2</u>		Age in Years: <u>30+</u>		
Present Use: <u>Physicians clinic</u>			Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>Trace Regional Hospital</u>							
Address: <u>P.O. Box 626</u>							
City: <u>Houston</u>			State: <u>MS</u>		Zip: <u>38851</u>		
Contact: <u>Quinn Rounsaville</u>			Tel: <u>662/456-3700</u>				
REMOVAL CONTRACTOR <u>Graham Roofing Incorporated</u>							
Address: <u>680 West Tibbee Road</u>							
City: <u>West Point</u>			State: <u>MS</u>		Zip: <u>39773</u>		
Contact: <u>Jimmy Cobb (ABC-00002229)</u>			Tel: <u>662/492-9555</u>				
OTHER OPERATOR:							
Address:							
City:			State:		Zip:		
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No)							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include Inspector name and date of inspection): <u>Analysis was by PLM. Ron Robinson on 6/30/2017 (ABI-00001499)</u>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			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			RACM To Be Removed  Category I      Category II		UNIT		
Pipes					Ln Ft:		Ln M:
Surface Area			<u>4,880</u> <u>①</u>		Sq Ft: <u>4,880</u>		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>07/25/2017</u>				Complete: <u>09/30/2017</u>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>07/25/2017</u>				Complete: <u>09/30/2017</u>			

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 Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Roofing will be removed to the deck. ACM in silver coating and existing modified bitumen roof will be disposed of at ROBO Landfill.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Wet method & double lining of dumpsters

XII. WASTE TRANSPORTER #1

Name: Graham Roofing Incorporated

Address: 680 West Tibbee Road

City: West Point

State: MS

Zip: 39773

Contact Person: Jimmy Cobb

Tel: 662/492-9555

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: ROBO Landfill

Address: 6447 Wahalak Road

City: Scooba

State: MS

Zip: 39358

Tel: 662/793-4705 Office

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.

Jimmy Cobb

07/10/2017

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Cobb

07/10/2017

Type or Print Name

(Signature of Owner/Operator)

(Date)