

# 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>O</u>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>R</u>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <u>UMMC- H-315</u>							
Bldg. Name: <u>main</u>							
Address: <u>2500 No. State</u>							
City: <u>Jackson</u>		State: <u>ms</u>		Zip: <u>39201</u>			
Site Location:							
Building Size: <u>100,000 sq ft</u>		# of Floors: <u>6+</u>		Age in Years: <u>50+</u>			
Present Use: <u>Hospital</u>		Prior Use: <u>—</u>					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>State of ms / ummc</u>							
Address: <u>2500 No. State St</u>							
City: <u>Jackson</u>		State: <u>ms</u>		Zip: <u>39201</u>			
Contact: <u>Jeff White</u>				Tel: <u>601 984-1000</u>			
REMOVAL CONTRACTOR <u>DD EMP</u>							
Address: <u>PO Box 9361</u>							
City: <u>Jxn</u>		State: <u>MS</u>		Zip: <u>39286</u>			
Contact: <u>A. Martin, Jr.</u>				Tel: <u>601 922-1919</u>			
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) <u>Yes</u>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>PLM Alfred Martin, ABI-1570</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			RACM To Be Removed		UNIT		
2. Category I ACM Not Removed							
3. Category II ACM Not Removed							
Pipes					Ln Ft:		Ln M:
Surface Area <u>FT, mastic</u>					Sq Ft: <u>400 sq ft</u>		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>7/14/17</u>				Complete: <u>7/17/17</u>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:			

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

Removal of FT. masti

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

Wet Removal

XII. WASTE TRANSPORTER #1

Name:

Emp

Address:

PO Box 9361

City:

Jxn, MS

State:

MS

Zip:

39286

Contact Person:

Al Martin

Tel:

601 922-1919

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Little Dixie

Address:

West County Line RD

City:

Madison Ridge Road

State:

MS

Zip:

39157

Tel:

601 982-9888

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):

Week of 7/10/17

Description of the sudden unexpected event:

Water Drain Burst into Doctor office

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

medical Personnel - I spoke w/ Tommy Moody about issues

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:

HAH work

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)