

72381

Coahoma

## STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED  
AUG 28 2017  
Dept. of Environmental Quality

I. **TYPE OF NOTICE:** ☒ Original ☐ Revision ☐ Canceled  
☐ Annual ☐ Info. Only

II. **TYPE OF PROJECT:** ☒ Renovation ☐ Demolition  
☐ Ordered Demolition ☐ Emergency Renovation

III. **SITE INFORMATION:** Name Merit Health Northwest Mississippi  
Description: Frangible material two heat exchanger  
Address: 1970 Hospital Dr  
City: Clarksdale County: \_\_\_\_\_ State: MS ZIP: 38614  
Contact Person: Michael Smith Telephone: 1970 Hospital Dr Clarksdale, MS 38614

IV. **OWNER INFORMATION:** Name: Merit Health Northwest Mississippi  
Full Mailing Address: 1970 Hospital Dr Clarksdale, MS 38614  
Contact Person: Michael Smith Telephone: (662) 624-3457

V. **ASBESTOS REMOVAL CONTRACTOR:** Name: EnviroRem  
Certification No.: ABC-4273 Expiration Date: Jun 20th 2018  
Full Mailing Address: 1715 Lochearn rd memphis tn 38116  
Contact Person: Jairo Ortiz Telephone: 901-345-0000

VI. **CONTRACTOR (Other): Name:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 9 / 07 / 2017 Removal Project Stop: 9 / 07 / 2017

VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: 9 / 07 / 2017 Project Stop: \_\_\_\_/\_\_\_\_/\_\_\_\_ Prep. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): \_\_\_\_\_ Bldg. Size (LNFT): \_\_\_\_\_  
No. of Floors: \_\_\_\_\_ Age in Years: \_\_\_\_\_  
Present Use: mechanical room Prior Use: mechanical room

X. **ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No  
Inspection Date: 7 / 20 / 2017 Asbestos Present? ☒ Yes ☐ No  
Inspector: WILL BROWN Cert. No.: ABI-3088 Expiration Date: APR 7TH 2018  
Identify suspect materials sampled: calcium insulation presumed  
Laboratory Analysis: TEM PLM X Other \_\_\_\_\_  
Name of Laboratory: \_\_\_\_\_

XI. **QUANTITY OF RACM TO BE REMOVED:**  
Pipes (LN FT) NA Surface Area (SQ FT) NA  
Volume of Facility Components (CU FT) 4 cubic yards

XII. **QUANTITY OF NONFRIABLE ASBESTOS** ☐ NOT REMOVED ☒ TO BE REMOVED:  
Category I: \_\_\_\_\_ Category II: \_\_\_\_\_

XIII. **WASTE TRANSPORTER:** Name: Republic Services  
Full Mailing Address: 3840 Homewood memphis TN 38118  
Contact Person: NA Telephone: (901) 794 3800

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: South Shelby Landfill  
 Physical Location: 5494 Malone Rd  
 Full Mailing Address: 5494 Malone Rd Memphis TN 38118  
 Contact Person: \_\_\_\_\_ Telephone: 901-794-8071  
 \*All asbestos waste should go to a permitted sanitary landfill.

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS** (Other than asbestos):  
 Name: \_\_\_\_\_  
 Physical Location: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

**XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):**

<input type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

**XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:**  
 Establish class 1 containment installation of tent with a three stage decon unit with shower,  
 Amended water to remove ACM, HEPA Filtration unit to be install exhausting to the outside of the building

**XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:**

\_\_\_\_\_

\*Will MDEQ be notified of any significant changes? ☒ Yes ☐ No

**XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:**  
 Name: NA Title: \_\_\_\_\_  
 Authority: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Demolition to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

**XX. EMERGENCY DEMOLITION/RENOVATIONS:** Date of Emergency: \_\_\_\_/\_\_\_\_/\_\_\_\_, Time: \_\_\_\_\_  
 Description of the sudden, unexpected event:  
NA

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

**XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.**

I certify that all of the above information is correct.

Jairo Ortiz - Project Manager

Type or Print Name & Title

  
 Signature

8/23/2017  
 Date

**MAIL TO:** Office of Pollution Control      Physical Address 515 Amite Street  
 P.O. Box 2261  
 Jackson, MS 39225  
 (601) 961-5171