

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) O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) BancorpSouth Bank				
Bldg. Name: Main Branch				
Address 100 Hardy Street				
City: Hattiesburg	State: MS	Zip: 39401		
Site Location: 100 Hardy Street		Tel: 601-544-4211		
Building Size 20,000 S.F.	# of Floors: 3	Age in Years:		
Present Use: Bank	Prior Use: Bank			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: BancorpSouth Bank				
Address: P. O. Box 789				
City: Tupelo	State: MS	Zip: 38802		
Contact: Steve Moore		Tel: 662-680-2586		
REMOVAL CONTRACTOR Environmental Evaluation & Control				
Address: P.O. Box 5422				
City: Columbus	State: MS	Zip: 39704		
Contact: Ron Robinson		Tel: 662-328-2286		
OTHER OPERATOR: To Be Determined				
Address:				
City:	State:	Zip:		
Contact:				
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): IATL Labs, PLM Method Ron Robinson ABI-00001499 Inspected 07/19/17				
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				LnFt: Ln M:
Surface Area	Textured Ceiling			SqFt: 11,500 Sq M:
Vol RACM Off Facility Component				CuFt: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/17/17		Complete: 01/21/18		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: To Be Determined		Complete: To Be Determined		

RECEIVED
OCT 30 2017
Dept. of Environmental Quality

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

Removal of asbestos containing materials using wet method.

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

Remove using hand tools, wet methods, containment and negative air

XII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 480 J M Tatum Industrial Drive

City: Hattiesburg

State: MS

Zip: 39401

Contact Person:

Tel: 601-264-7888

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Landfill

Address: P.O. Box 389

City: Petal

State: MS

Zip: 39465

Tel: 601-545-6676

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:

Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

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.

Ron Robinson

Type or Print Name

Ron Robinson
(Signature of Owner/Operator)

10-27-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson

Type or Print Name

Ron Robinson
(Signature of Owner/Operator)

10-27-17

(Date)