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MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Dept. of Environmental Quality
Mississippi Department of Environmental Quality

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 (R)							
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) hmmc H-6001							
Bldg. Name: hmmc							
Address: 2500 North State St.							
City: Jackson		State: MS		Zip: 39201		Tel:	
Site Location:							
Building Size: 100,000 sq +/-		# of Floors: 6 +/-		Age in Years: 50 +/-			
Present Use: Hospital		Prior Use:					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: State of MS / hmnc							
Address: 2500 N. State St.							
City: Jackson		State: MS		Zip:		Tel:	
Contact: Jeff White / Mike Evans				Tel: 601-984-1000			
REMOVAL CONTRACTOR: EMP							
Address: P.O. Box 9361							
City: Jackson		State: MS		Zip: 39206		Tel: 601-922-1919	
Contact: Al Martin							
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): PLM - Alfred Martin ABI-1570							
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				Category I		Category II	
2. Category I ACM Not Removed						UNIT	
3. Category II ACM Not Removed							
Pipes PJI						Ln Ft: 4260 Ln M:	
Surface Area						Sq Ft: Sq M:	
Vol RACM Off Facility Component						Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				10/23/17 Complete: 10/23/17			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:			

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

Glue bag

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

Glue bagging

XII. WASTE TRANSPORTER #1

Name:

EMP

Address:

P.O. Box 9361

City:

Jackson, MS

State:

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 Landfill

Address:

1716 N. County Line Rd.

City:

Ridgeland

State:

MS

Zip:

39157

Tel:

601-982-9488

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:

Stop 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)

Type or Print Name

(Signature of Owner/Operator)

(Date)