

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) Original			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: UMMC Entergy			
Address 2900 North Mill Street			
City: Jackson	State: MS	Zip: 39286	
Site Location: Same	Tel: N/A		
Building Size	# of Floors: 1	Age in Years: 50 +	
Present Use: Vacant	Prior Use: Commercial Building		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Edmond Himel			
Address: 6540 Watkins Drive			
City: Jackson	State: MS	Zip: 39213	
Contact: George Malouf Jr.	Tel: (601) 906-4381		
REMOVAL CONTRACTOR M and M Services, Incorporated			
Address: P.O. Box 68431			
City: Jackson	State: MS	Zip: 39286	
Contact: Dale McGuffie	Tel: (601) 941-8855		
OTHER OPERATOR: N/A			
Address: N/A			
City: N/A	State: N/A	Zip: N/A	
Contact: N/A			
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):			
Kirk L. Giessinger March 8, 2019			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft: Ln M:
Surface Area Floor tile / Linoleum	500 sq. ft		Sq Ft: 50 Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/7/2019		Complete: 10/11/2019	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/14/2019		Complete: 10/18/2019	

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SEP 24 2019

Dept. of Environmental Quality

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

Mechanical means

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

Containment, wet method removal.

XII. WASTE TRANSPORTER #1

Name: M and M Services, Incorporated

Address: P.O. Box 68431

City: Jackson

State: MS

Zip: 39286

Contact Person: Dale McGuffie

Tel: (601) 941-8855

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North County Line Road

City: Ridgeland

State: MS

Zip: 39157

Tel: (601) 982-9488

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

XV. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event: N/A

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

N/A

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop work and proceed with precautionary measures with trained people

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.

Dale McGuffie

Type or Print Name

(Signature of Owner/Operator)

9/24/19

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie

Type or Print Name

(Signature of Owner/Operator)

9/24/19

(Date)