# 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) 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)

Bldg. Name: Baxter Healthcare

Address 911 N Davis Ave

| City: Cleveland | State: MS | Zip: 38732 |
|---|---|---|
| Site Location: | | Tel: |
| Building Size 200,000 sq ft | # of Floors: 1 | Age in Years: 60+/- |
| Present Use: Manufacturing | Prior Use: Manufacturing | |

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Baxter Healthcare

Address: 911 N Davis Ave

| City: Cleveland | State: MS | Zip: 38732 |
|---|---|---|
| Contact: | | Tel: 662-843-9421 |

REMOVAL CONTRACTOR Eagle Construction

Address: 1450 Old Brandon Rd

| City: Flowood | State: MS | Zip: 39232 |
|---|---|---|
| Contact: Chuck Womack | | Tel: 601-940-5411 |

OTHER OPERATOR: Insulation & Refractories Services, Inc

Address: 426 Decatur

| City: Memphis | State: TN | Zip: 38105 |
|---|---|---|

Contact: Charles Boyd

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):

Assumed Chuck Womack 4/20/19

| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed | RACM To Be Removed | Nonfriable Asbestos Material Not To Be Removed | | Indicate Unit of Measurement Below | |
|---|---|---|---|---|---|
| | | Category I | Category II | UNIT | |
| Pipes | 300 ln ft | | | LnFt: | Ln M: |
| Surface Area | 1,500 sq ft FT/M | | | SqFt: X | Sq M: |
| Vol RACM Off Facility Component | | | | CuFt: | Cu M: |

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/15/2020 Complete: 8/22/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/11/2020 Complete: 9/11/2020

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AUG 10 2020
Dept. of Environmental Quality

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person

XII. WASTE TRANSPORTER #1

Name: ADS, Inc

Address: P. O. Box 1296

| City: Clinton | State: MS | Zip: 39060-1296 |
|---|---|---|
| Contact Person: Mark Parkman | | Tel: 601-925-0507 |

WASTE TRANSPORTER #2

Name: Eagle Construction

Address: 1450 Old Brandon Rd

| City: Flowood | State: MS | Zip: 39232 |
|---|---|---|
| Contact Person: | | Tel: |

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Keep wet & notify owner

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.

| Chuck Womack | | 8/10/2020 |
|---|---|---|
| Type or Print Name | (Signature of Owner/Operator) | (Date) |

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

| Chuck Womack | | 8/10/2020 |
|---|---|---|
| Type or Print Name | (Signature of Owner/Operator) | (Date) |