

# 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) <b>R</b>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <b>Trustmark Bank Building</b>			
Address: <b>248 East Capital Street</b>			
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39205</b>	
Site Location: <b>same as above</b>		Tel: <b>601-208-5111</b>	
Building Size: <b>75000 sq ft</b>	# of Floors: <b>14</b>	Age in Years: <b>80</b>	
Present Use: <b>bank</b>	Prior Use: <b>bank</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <b>Trustmark National Bank</b>			
Address: <b>248 East Capitol Street</b>			
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39205</b>	
Contact: <b>Chad Turner</b>		Tel:	
REMOVAL CONTRACTOR <b>M and M Services, Inc.</b>			
Address: <b>PO Box 68431</b>			
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39286</b>	
Contact: <b>Hal Moore</b>		Tel: <b>601-951-8121</b>	
OTHER OPERATOR: <b>N/A</b>			
Address: <b>N/A</b>			
City: <b>N/A</b>	State: <b>N/A</b>	Zip: <b>N/A</b>	
Contact: <b>N/A</b>			
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):			
<b>Dennis McGuffie 10-01-2019</b>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft:      Ln M:
Surface Area <b>Interior Boiler</b>	<b>Insulation</b>	<b>X</b>	Sq Ft:      Sq M:
Vol RACM Off Facility Component			Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>12-7-20</b>		Complete: <b>12-9-20</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>11-12-20</b>		Complete: <b>2-12-21</b>	

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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:

wet method, inside containment, and negative hepa airflow

XII. WASTE TRANSPORTER #1

Name: **M & M Services, Inc.**

Address: **PO 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 **N/A**

Name: **Republic Services, Inc. ( 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: **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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

**Stop work and proceed with precautionary measures with trained personel**

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.

Neil Ferrell

Type or Print Name

(Signature of Owner/Operator)

12-07-20

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Neil Ferrell

Type or Print Name

(Signature of Owner/Operator)

12-07-20

(Date)