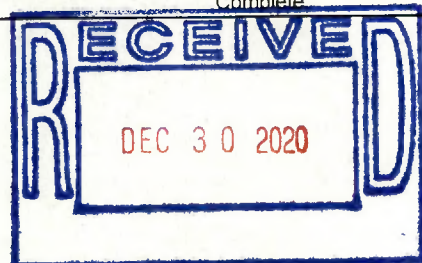


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>G.V. Sonny Montgomery VA Medical Center-1st Floor</b>					
Bldg. Name: <b>VA Medical Center</b>					
Address <b>1500 E. Woodrow Wilson Avenue</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39216</b>			
Site Location:		Tel: <b>601-632-4471</b>			
Building Size <b>Unknown</b>	# of Floors: <b>3</b>	Age in Years: <b>90+</b>			
Present Use: <b>Medical Center</b>	Prior Use: <b>Unknown</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>VA Medical Center</b>					
Address: <b>1500 E. Woodrow Wilson Avenue</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39216</b>			
Contact: <b>N/A</b>		Tel: <b>501-632-4471</b>			
REMOVAL CONTRACTOR <b>Snyder Environmental &amp; Construction, LLC</b>					
Address: <b>7705 Northshore Place</b>					
City: <b>North Little Rock</b>	State: <b>AR</b>	Zip: <b>72118</b>			
Contact: <b>Justin Dixon</b>		Tel: <b>501-801-2776</b>			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
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>Assumed Inspection by Justin Dixon-10-13-2020</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			
		Category I	Category II	Indicate Unit of Measurement Below UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area		Floor Tile	Mastic	Sq Ft: 22,000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>12/28/2020</b> Complete: <b>1/22/2021</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					



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

**Materials listed above to be removed by hand so facility can be renovated.**

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

**Materials will be wetted before/during/after abatement, packaged/labeled & transported to a certified class 1 landfill.**

XII. WASTE TRANSPORTER #1

Name: **Waste Pro**

Address: **4517 Methodist Home Road**

City: **Jackson**

State: **MS**

Zip: **39213**

Contact Person: **Barrett White**

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Little Dixie Landfill**

Address: **1716 N. 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:

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

**Wet the unexpected, make safe the area and notify DEQ.**

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.

Barbara McElroy

Type or Print Name

*Barbara McElroy*  
(Signature of Owner/Operator)

12/30/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

*Barbara McElroy*  
(Signature of Owner/Operator)

12/30/2020

(Date)