

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) Cleveland Shop City Bank Branch									
Bldg. Name: Regions									
Address 415 South Street									
City: Cleveland	State: MS	Zip: 38732							
Site Location:		Tel: 662-545-3370							
Building Size 2,348 SF	# of Floors: 1	Age in Years: 42							
Present Use: Bank	Prior Use: Bank								
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)									
OWNER NAME: Regions Bank									
Address: 250 Riverchase Parkway									
City: Birmingham	State: AL	Zip: 35224							
Contact: Kathy Smithers		Tel: 205-560-3810							
REMOVAL CONTRACTOR Snyder Environmental & Construction, LLC									
Address: 7705 Northshore Place									
City: North Little Rock	State: AR	Zip: 72118							
Contact: Justin Dixon		Tel: 501-801-2776							
OTHER OPERATOR:									
Address:									
City:	State:	Zip:							
Contact:									
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):									
PLM Bulk Samples-Paul Anderson- 10/31/2014									
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below					
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RACM To Be Removed</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Category I</td> <td style="text-align: center;">Category II</td> </tr> </table>		RACM To Be Removed		Category I	Category II	UNIT	
				RACM To Be Removed					
Category I	Category II								
Pipes		Ln Ft:	Ln M:						
Surface Area		<small>Compound & Roof materials</small>		Sq Ft: 6,000	Sq M: 3,900				
Vol RACM Off Facility Component				Cu Ft:	Cu M:				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/8/2021				Complete: 2/24/2021					
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 so facility can be demolished.

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 and transported to a certified class 1 landfill.

XII. WASTE TRANSPORTER #1 **Waste Pro**

Name: **Waste Pro**

Address: **113 Highlandale Road**

City: **Greenwood**

State: **MS**

Zip: **38930**

Contact Person: **Kelly Spruill**

Tel: **662-299-9472**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE **Leflore County Landfill**

Name: **Leflore County Landfill**

Address: **15200 US-49 S**

City: **Gulfport**

State: **MS**

Zip: **39503**

Tel: **662-385-5483**

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:

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

Barbara McElroy
(Signature of Owner/Operator)

2/1/2021

(Date)

Type or Print Name

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Barbara McElroy
(Signature of Owner/Operator)

2/1/2021

(Date)

Type or Print Name