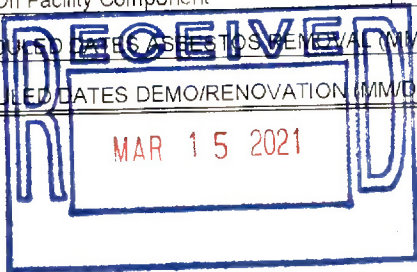


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) <span style="float: right;">O</span>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">R</span>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Waynesboro Hospital</b>				
Address <b>859 Winter Street</b>				
City: <b>Waynesboro</b>	State: <b>MS</b>	Zip: <b>39452</b>		
Site Location: <b>same</b>		Tel: <b>601 408 1525</b>		
Building Size <b>20,000</b>	# of Floors: <b>2</b>	Age in Years: <b>&gt;20</b>		
Present Use: <b>Hospital</b>	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>George Regional Health Center</b>				
Address: <b>859 Winter Street</b>				
City: <b>Waynesboro</b>	State: <b>MS</b>	Zip: <b>39452</b>		
Contact: <b>Steve</b>		Tel: <b>601 583 6500</b>		
REMOVAL CONTRACTOR <b>Environmental Servicves</b>				
Address: <b>253 Delk Road</b>				
City: <b>Hattiesburg</b>	State: <b>MS</b>	Zip: <b>39401</b>		
Contact: <b>Joe</b>		Tel: <b>6014081005</b>		
OTHER OPERATOR: <b>N/A</b>				
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>Micro Methods Floor tile</b>				
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	
Pipes				LnFt:      Ln M:
Surface Area				SqFt: <b>X</b> Sq M:
Vol RACM Off Facility Component		<b>2,000</b>		CuFt:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		<b>3/24/21</b>	Complete: <b>3/25/21</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		<b>N/A</b>	Complete:	



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

N/A

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

Use wet method and use of hand scrapers to keep dust down.

XII. WASTE TRANSPORTER #1

Name: Environmental Services

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 6014081005

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Pine Belt Regional Landfill

Address:

5274 Old Hwy 29

City:

Ohlo

State: MS

Zip: 39446

Tel:

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:  
Stop work call DEQ

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 call 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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)

N/A