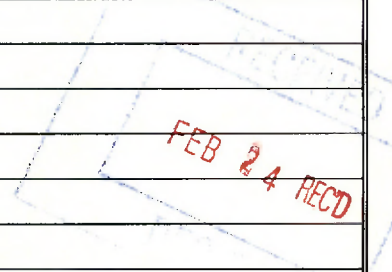


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 2/23/2022	Date Received (MDEQ use only) 2/24/2022	Notification # (MDEQ use only)				
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: BancorpSouth Bank							
Address 124 Hardy Street							
City: Hattiesburg	State: MS	Zip: 39401					
Site Location: Mortgage Building		Tel: 601-264-0814					
Building Size 4,500 S.F.	# of Floors: 1	Age in Years: Over 25					
Present Use: Bank	Prior Use: Bank						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: BancorpSouth Bank							
Address: P.O. Box 789							
City: Tupelo	State: MS	Zip: 38802					
Contact: Steve Moore		Tel: 662-680-2586					
REMOVAL CONTRACTOR Environmental Evaluation & Control, Inc.							
Address: P.O. Box 5422							
City: Columbus	State: MS	Zip: 39704					
Contact: Ron Robinson		Tel: 662-328-2286					
OTHER OPERATOR: To Be Determined							
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):							
Environmental Hazard Services, PLM Method Ron Robinson ABI-00001499 Inspected 12-28-21							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed					
<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%;"></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>				Category I	Category II
Category I	Category II						
RACM To Be Removed		Indicate Unit of Measurement Below					
		UNIT					
Pipes	05 S.F. Sink Soundproofing	LnFt:	Ln M:				
Surface Area	740 S.F. 12" x 12" FT & Mastic	SqFt: 1,922	Sq M:				
Vol RACM Off Facility Component	1,177 S.F. Roofing	CuFt:	Cu M:				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03-09-22		Complete: 03-11-22					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: To Be Determined		Complete:					



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

Removal of asbestos containing materials using wet method.

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

Strip & Removal, Wet Method, Double Bagging

XII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 480 J M Tatum Industrial Drive

City: Hattiesburg

State: MS

Zip: 39401

Contact Person:

Tel: 601-264-7888

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Landfill

Address: P.O. Box 389

City: Petal

State: MS

Zip: 39465

Tel: 601-545-6676

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

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:

Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

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.

Ron Robinson

Type or Print Name

(Signature of Owner/Operator)

02-23-22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson

Type or Print Name

(Signature of Owner/Operator)

02-23-22

(Date)