


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 3.21.22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): COURTESY			
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): MS State Hospital			
Bldg. Name: MS State Hospital Building 31			
Address: 3550 MS-468			
City: Pearl	State: MS	Zip: 39208	
Site Location: Building 31-Exterior Windows		Tel: 601-351-8000	
Building Size: Unknown	# of Floors: 2	Age in Years: Unknown	
Present Use: Unknown	Prior Use: Mental Hospital		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Bureau of Building, Grounds, and Real Property Management			
Address: 501 N. West Street Ste. 1401 B			
City: Jackson	State: MS	Zip: 39201	
Contact: N/A		Tel: 601-359-3402	
ASBESTOS 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	
Certification Number: ABC-00009502		Expiration Date: 10/6/2022	
OTHER OPERATOR: N/A			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 8/18/2021	
Inspector: Andrew Ables	Certification Number: ABI-00010682	Expiration Date: 1/7/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Assumed Inspection			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Approx. 231 Windows being left in place			
Category I:		Category II: Window Premier Caulking	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/23/2022		Complete: 3/31/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Materials Listed above will be removed by hand so facility can be renovated		
XII. 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 landfill.		
XIII. WASTE TRANSPORTER #1		
Name: Snyder Environmental & Construction, LLC		
Address: 7705 Northshore Place		
City: North Little Rock	State: AR	Zip: 72118
Contact Person: Justin Dixon	Tel: 501-801-2776	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Two Pine Landfill		
Address: 100 Two Pine Drive		
City: North Little Rock	State: AR	Zip: 72118
Contact Person: N/A	Tel: 501-982-7336	
XV. 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):	
XVI. FOR EMERGENCY RENOVATIONS:		
Date and Hour of Emergency (MM/DD/YY):		
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		
XVII. 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 and notify DEQ.		
XVIII. 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		3/21/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Barbara McElroy	Barbara McElroy	3/21/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)

Digitally signed by Barbara McElroy
Date: 2022.03.21 15:45:55 -05'00'