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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) 5.20.2022 EM	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)					
Bldg. Name: Alliance Health Care Center					
Address 5000 Hwy 39 N					
City: Meridian	State: MS	Zip: 39301			
Site Location: 2nd Floor - Storage Room			Tel:		
Building Size 20,000 +/-	# of Floors: 2	Age in Years: 40 +/-			
Present Use: Health Care Facility	Prior Use: Health Care Facility				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Thomas Hardy /Allied Healthcare					
Address: 5000 Hwy 39 N					
City: Meridian	State: MS	Zip: 39301			
Contact: Thomas Hardy			Tel: 601-416-9498		
REMOVAL CONTRACTOR Gulf Services Contracting, Inc.					
Address: 5000 Rangeline Road					
City: Mobile	State: AL	Zip: 36619			
Contact: Jonathan Valle			Tel: 251-443-8161		
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) Yes Assumed					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
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	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area	VCT/Mastic	X		Sq Ft: 325	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/1/2022				Complete: 6/3/2022	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

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

Abatement and renovation

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

Negative pressure, wet methods, full containment

XII. WASTE TRANSPORTER #1

Name: Gulf Services Contracting, Inc.

Address: 5000 Rangeline Rd.

City: Mobile

State: AL

Zip: 36619

Contact Person: Jonathan Valle

Tel: 251-443-8161

WASTE TRANSPORTER #2

Name: AmWaste

Address: 1000 S. Lawrence St.

City: Mobile

State: AL

Zip: 36603

Contact Person: Jordan Collins

Tel: 205-788-1400

XIII. WASTE DISPOSAL SITE

Name: Turkey Trot Landfill

Address: Mannish Ryan Rd

City: Citronelle

State: AL

Zip: 36522

Tel: 251-866-77874

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:

Stop work. Notify Owners and MDEQ.

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.

Jonathan Valle

Jonathan Valle

5/19/2022

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee A Francis

Lee A Francis

5/19/2022

Type or Print Name

(Signature of Owner/Operator)

(Date)