

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"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 6/8/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Three Rivers Inn & Suites				
Address: 900 W. Park Avenue				
City: Greenwood		State: MS	Zip: 38930	
Site Location:				Tel:
Building Size: 16,625 SF		# of Floors: 2	Age in Years: 48	
Present Use: Vacant		Prior Use: Hotel		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Hodges Enterprises, LLC				
Address: 215 Howard Street				
City: Greenwood		State: MS	Zip: 38930	
Contact: N/A				Tel: N/A
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: Gravel Hill Construction (Demolition Contractor)				
Address: 8900 Hwy 430 South				
City: Greenwood		State: MS	Zip: 38930	
Contact: James Arnold				Tel: 662-374-5374
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 2/13/2022	
Inspector: Reggie Sampson		Certification Number: ABI-00001921	Expiration Date: 9/8/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM Bulk Samples				
VII. QUANTITY OF RACM TO BE REMOVED: 11,200 SF Textured Ceiling, 65,263 SF drywall/joint compound & 15,056 SF Window Caulking				
Pipes (LN FT):		Surface Area (SQ FT): 1,055 SF (FT/M)	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/27/2022			Complete: 8/31/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/1/2022			Complete: 12/31/2022	

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

Materials listed will be removed by hand so facility can be demoed.

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 adequately wetted before/during/after abatement, properly packaged, labeled and transported to a certified Landfill.

XIII. WASTE TRANSPORTER #1

Name: Henderson Waste & Recycling, Inc.

Address: PO Box 9208

City: Greenwood

State: MS

Zip: 38930

Contact Person: Bobby Henerson

Tel: 662-299-8069

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Leflore County Sanitary Landfill

Address: 15200 Hwy 49

City: Sidon

State: MS

Zip: 38935

Contact Person: Troy Tomphson

Tel: 662-385-5483

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

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): N/A

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, 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
Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

6/8/2022
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy
Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

6/8/2022
(Date)