

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 3-3-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original Revised				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Northside Plaza - 1 Floor Janitor Closet, Restrooms and Breakroom				
Bldg. Name: Regions Bank - Northside Plaza				
Address: 113 Northside Plaza				
City: Newton		State: MS	Zip: 39345	
Site Location: 113 Northside Plaza			Tel: 205-223-8450	
Building Size: 1,200		# of Floors: 1	Age in Years: 46	
Present Use: Bank Branch		Prior Use: Bank Branch		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Regions Financial Corporation				
Address: 250 Riverchase Parkway				
City: Birmingham		State: AL	Zip: 35224	
Contact: Doug Stephen			Tel: 205-223-8450	
ASBESTOS REMOVAL CONTRACTOR: Lakeshore Environmental Contractors LLC				
Address: 5513 Eastcliff Industrial Loop				
City: Birmingham		State: AL	Zip: 35210	
Contact: Aaron Murphree			Tel: 205-288-7049	
Certification Number: ABC-00001844			Expiration Date: 04/24/2023	
OTHER OPERATOR:				
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: 09/23/2010	
Inspector: Maxwell T. Anderson		Certification Number: ABI-00001455	Expiration Date: 05/27/2011	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM				
VII. QUANTITY OF RACM TO BE REMOVED: Resilient Sheet Flooring				
Pipes (LN FT):		Surface Area (SQ FT): 275	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: 03/14/2023 3/17/23 Complete: 03/14/2023 3/17/23				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/14/2023 3/17/23 Complete: 03/14/2023 3/17/23				

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

Regulated Area, Decon, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vacuum, Amended Water Applied During Removal.

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

Regulated Area, Deconm 6 Mil Ploy, Disposal Coveralls, Respirators, HEPA Vacuum, Amended Water Applied During Removal.

XIII. WASTE TRANSPORTER #1

Name: Lakeshore Environmental Contractors, LLC

Address: 5513 Eastcliff Industrial Loop

City: Birmingham

State: AL

Zip: 35210

Contact Person: Aaron Murphree

Tel: 205-288-7049

WASTE TRANSPORTER #2

Name: Independent Waste

Address: 112 24th Street N

City: Birmingham

State: AL

Zip: 35203

Contact Person: Jack Louis

Tel: 205-902-9804

XIV. WASTE DISPOSAL SITE

Name: Big Sky Environmental

Address: 5100 Flat Top Road

City: Adamsville

State: AL

Zip: 35005

Contact Person:

Tel: 205-743-0080

XV. 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):

XVI. FOR EMERGENCY RENOVATIONS:

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

Description of the sudden unexpected event:

Stop Work, Contain Area, Notify Mississippi MDEQ & Revise Notification

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

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:**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.**

Aaron Murphree

Type or Print Name

Aaron Murphree

(Signature of Owner/Operator)

Digitally signed by Aaron Murphree

Date: 2023.03.01 13:08:17 -0500

03/01/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Murphree

Type or Print Name

Aaron Murphree

(Signature of Owner/Operator)

Digitally signed by Aaron Murphree

Date: 2023.03.01 13:08:30 -0500

03/01/2023

(Date)