

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 3-24-23	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): E			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Medical Facility			
Bldg. Name: Tutwiler Clinic			
Address: 205 Alma Street			
City: Tutwiler	State: MS	Zip: 38963	
Site Location: 1st Floor from Hall 4 to Hall 5		Tel: 662-345-3152	
Building Size: Unknown	# of Floors: 1	Age in Years: Unknown	
Present Use: Medical Facility		Prior Use:	
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Tallahatchie General Hospital			
Address: 141 Dr. T.T. Lewis Circle			
City: Charleston	State: MS	Zip: 38921	
Contact: Bryan Douglas		Tel: 662-647-4866	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental			
Address: 7705 Northshore Place			
City: North Little Rock	State: AR	Zip: 72118	
Contact: Andrew Ables		Tel: 601-559-2185	
Certification Number: ABC00009502		Expiration Date: 9/30/2023	
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: 3/22/2023	
Inspector: Andrew Ables	Certification Number: ABI00010682	Expiration Date: 10/25/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed Inspection by Andrew Ables 9x9 floor tile and mastic - 1st Floor			
VII. QUANTITY OF RACM TO BE REMOVED: 1,400 SF of 9x9 floor tile and mastic			
Pipes (LN FT):	Surface Area (SQ FT):	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: 3/27/2023		Complete: 3/29/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A		Complete: N/A	

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

XIII. WASTE TRANSPORTER #1

Name: Henderson Waste & Recycling Co

Address: 71001 US 82 West

City: Greenwood

State: MS

Zip: 38930

Contact Person: Bobby Henderson

Tel: 662-299-8069

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Leflore County Sanitary Landfill

Address: 15200 US Hwy 49 East

City: Sidon

State: MS

Zip: 38935

Contact Person: Troy Thompson

Tel: 662-385-5483

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): Unknown - Restoration company reached out on 3/22

Description of the sudden unexpected event:

The medical facility recently had some pipes freeze then burst into this portion of the medical clinic. Over half the facility is shut down due to this event.

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

Over half the facility is shut down due to the flooding and damage.

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:

Halt work, wet the unexpected, make safe the area, treat everything as ACM, and notify MDEQ.

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.

Andrew Ables

Type or Print Name

Andrew Ables

(Signature of Owner/Operator)

3/24/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Andrew Ables

Type or Print Name

Andrew Ables

(Signature of Owner/Operator)

3/24/2023

(Date)