

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAP

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

MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 3-23-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Demo				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Natchez Community Hospital				
Address: 129 Jefferson Davis Boulevard				
City: Natchez		State: MS	Zip: 39120	
Site Location: same			Tel:	
Building Size: 58,000 sq. ft.		# of Floors: 2	Age in Years: 50 plus	
Present Use: Vacant		Prior Use: Hospital		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: WM Interest LLC				
Address: 105 Place Beau Terre				
City: Mandeville		State: La.	Zip:	
Contact: Richard Lanasa			Tel: 504) 812-4122	
ASBESTOS REMOVAL CONTRACTOR: Bestway Abatement				
Address: 222 Vicksburg St. P.O. Box 88				
City: Edwards		State: MS	Zip: 39066	
Contact: Aaron Lee			Tel: 601) 383-3237	
Certification Number: ABC-00002924			Expiration Date: 10/18/2023	
OTHER OPERATOR: Haven't been bided				
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: 12/20/2022	
Inspector: Steven Latiolais		Certification Number: ABT-00008291	Expiration Date: 11/21/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
floor tile, pipe insulation, window panel, HVAC Duct + mastic, red fire stop, joint compound, mechanical plenum, white wall texture, black cell foam glass, brown transite Panel EPA 600/R-93/116				
VII. QUANTITY OF RACM TO BE REMOVED:				
58,000 sq ft				
Pipes (LN FT):		Surface Area (SQ FT): 20,000 sq ft.	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/10/2023			Complete: 5/22/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete:	

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DEPT. OF ENVIRONMENTAL QUALITY

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

N/A

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

Wet method - negative air machine - 6 mil plastic over all critical bearing

XIII. WASTE TRANSPORTER #1

Name: Bestway Abatement
Address: 222 Vicksburg St. / P.O. Box 88
City: Edwards State: MS Zip: 39066
Contact Person: Aaron Lee Tel: 601 383-3237

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Greenway Environmental Services LLC
Address: 4451 Highway 61 North
City: Fayette State: MS Zip: 39069
Contact Person: Tel: 601 965-5393

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

Name: Title:
Authority: N/A
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:

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 and call 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.

Aaron Lee (Type or Print Name) Aaron Lee (Signature of Owner/Operator) 3/24/2023 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee (Type or Print Name) Aaron Lee (Signature of Owner/Operator) 3/24/2023 (Date)