

MAP

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

|   |  |                                    |  |           |
|---|--|------------------------------------|--|-----------|
| MDEQ Use Only:<br><input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery            |  | Postmark (mail only)               | Date Received<br>4-26-23                   | 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): Renovation  |  |                                    |  |           |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Byhalia Family Medical Clinic                           |  |                                    |  |           |
| Bldg. Name: Byhalia Family Medical Clinic   |  |                                    |  |           |
| Address: 12 E Brunswick St  |  |                                    |  |           |
| City: Byhalia   |  | State: MS                          | Zip: 38611                                 |           |
| Site Location: Interior   |  |                                    | Tel: 662-838-2163                          |           |
| Building Size:  |  | # of Floors:                       | Age in Years: 50 +/-                       |           |
| Present Use: medical clinic   |  | Prior Use: unknown                 |  |           |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)  |  |                                    |  |           |
| OWNER NAME: NE MS Health Care Inc.  |  |                                    |  |           |
| Address: 12 E Brunswick St  |  |                                    |  |           |
| City: Byhalia   |  | State: MS                          | Zip: 38611                                 |           |
| Contact: Andrea Chrestman   |  |                                    | Tel: 662-838-2163                          |           |
| ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.   |  |                                    |  |           |
| Address: P.O. Box 343012  |  |                                    |  |           |
| City: Memphis   |  | State: TN                          | Zip: 38184-3012                            |           |
| Contact: William Stamps   |  |                                    | Tel: 901-507-1203                          |           |
| Certification Number: ABC00001660   |  |                                    | Expiration Date: 01/19/2024                |           |
| 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: 01/23/2023                |           |
| Inspector: Mark Luchessi  |  | Certification Number: ABI-00007525 | Expiration Date: 02/09/2024                |           |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:<br>Flooring, Bulk sampling using PLM methods |  |                                    |  |           |
| VII. QUANTITY OF RACM TO BE REMOVED: 618 sqft VAT, 618 sqft Mastic  |  |                                    |  |           |
| Pipes (LN FT): n/a  |  | Surface Area (SQ FT): 1236 sf      | Volume of Facility Components (CU FT): n/a |           |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: n/a  |  |                                    |  |           |
| Category I: n/a   |  |                                    | Category II: n/a                           |           |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/10/2023   |  |                                    | Complete: 05/12/2023                       |           |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/10/2023   |  |                                    | Complete: 05/12/2023                       |           |

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

Removal of ACM using hand tools and wet methods

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

Containment, negative pressure, hand tools, chemical stripper, double bag waste

**XIII. WASTE TRANSPORTER #1 SASI**

Name: SASI Memphis

Address: 4009 Broadway Rd

City: Bartlett

State: TN

Zip: 38135

Contact Person: Dwight Grayson

Tel: 901-507-1203

**WASTE TRANSPORTER #2 Waste Management Memphis**

Name: Waste Management Memphis

Address: 3750 Hatcher Circle

City: Memphis

State: TN

Zip: 38118

Contact Person: Carlton Gibson

Tel: 901-331-7187

**XIV. WASTE DISPOSAL SITE WM The Tunica Landfill**

Name: WM The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip:

Contact Person: Carlton Gibson

Tel: 901-331-7187

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

Name: n/a

Title:

Authority: n/a

Date of Order (MM/DD/YY): n/a

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

**XVI. FOR EMERGENCY RENOVATIONS: n/a**

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:**

All work will cease, workers will be removed from site, MDEQ will be called for an inspection

**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.**

William Stamps

Type or Print Name

  
(Signature of Owner/Operator)

04/26/2023

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Dwight Grayson

Type or Print Name

  
(Signature of Owner/Operator)

04/26/2023

(Date)