

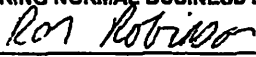

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MAP

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 07-03-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R			
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: Cadence Bank			
Address: 400 University Drive			
City: Starkville	State: MS	Zip: 39759	
Site Location: Midtown Branch	Tel: 662-680-2586		
Building Size: 4,500 S.F.	# of Floors: 1	Age in Years: Over 25	
Present Use: Bank	Prior Use: Bank		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Cadence Bank			
Address: P.O. Box 789			
City: Tupelo	State: MS	Zip: 38802	
Contact: Steve Moore	Tel: 662-680-2586		
ASBESTOS REMOVAL CONTRACTOR: Environmental Evaluation & Control, Inc.			
Address: P.O. Box 5422			
City: Columbus	State: MS	Zip: 39704	
Contact: Ron Robinson	Tel: 662-328-2286		
Certification Number: ABC-00007293	Expiration Date: 03-29-24		
OTHER OPERATOR: F & F Construction			
Address: 3180 Carrier Street			
City: Memphis	State: TN	Zip: 38116	
Contact:	Tel: 901-398-1900		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 01-26-23	
Inspector: Ron Robinson	Certification Number: ABI-00001499	Expiration Date: 02-13-24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Carpet Mastic, Drywall & Joint Compound, Rubber Base, 2 x 2 Ceiling Tile, HVAC Duct Tape, Furdown Plaster, Ceramic Tile & Grout, Fiberglass Pipe Covering, Pipe Joint Insulation, Transite Pipe, TPO Roofing, Built-Up Roofing, EIFS, Window Caulking, Storefront Caulking			
Environmental Hazard Services, PLM Method			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT): 15 L.F.TSI, 10 L.F. Transite	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: 07-17-23		Complete: 07-17-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07-18-23		Complete: 07-25-23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of asbestos containing materials using wet method.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Strip & Removal, Wet Method, Double Bagging, Glove Bag		
XIII. WASTE TRANSPORTER #1		
Name: RES Inc.		
Address: 1041 CR 549		
City: Ripley	State: MS	Zip: 38663
Contact Person: Shea Mask	Tel: 662-837-4087	
WASTE TRANSPORTER #2 N/A		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Three Rivers Landfill		
Address: 1904 Hwy 76 W		
City: Pontotoc	State: MS	Zip: 38863
Contact Person: Jeff Stanford	Tel: 662-488-0444	
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: N/A		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
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:		
Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.		
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.		
Ron Robinson		07-03-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		
Ron Robinson		07-03-23
Type or Print Name	(Signature of Owner/Operator)	(Date)