

"Def" MAP

RECEIVED

JUL 14 2023

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 7-12-23	Date Received	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): Kitchen, C&S, Breakroom, Entrance, 2 Offices, bathroom, storage room, Rooms 1-10				
Bldg. Name: Norfolk Southern Railroad Meridian Yard				
Address: 3102 3rd Street				
City: Meridian		State: MS	Zip: 39301	
Site Location:			Tel:	
Building Size: 5,000 SF		# of Floors: 1	Age in Years: 50	
Present Use: Offices & Rooms		Prior Use: Same		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Norfolk Southern Railroad				
Address: 650 W. Peachtree Street NE				
City: Atlanta		State: GA	Zip: 30308	
Contact: Crystal McNeely			Tel: 205-937-4104	
ASBESTOS REMOVAL CONTRACTOR: HRS Services, LLC				
Address: 26992 Main Street				
City: Ardmore		State: AL	Zip: 35739	
Contact: Ryan Mashburn			Tel: 256-423-8964	
Certification Number: ABC-00012221			Expiration Date: 05/01/2024	
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:	
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed				
VII. QUANTITY OF RACM TO BE REMOVED: 4,000 SF Floor tile and mastic, 1 EA Sink w/ undercoating				
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: 8/14/23 Complete: 8/19/23				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
wet removal and disposal of asbestos containing floor tile and mastic throughout, 1 each sink with undercoating

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Full containment, wet removal, neg air, HEPA Vac, Air Monitoring, double bagged and hauled in a poly sealed dumpster

XIII. WASTE TRANSPORTER #1

Name: Republic Services
Address: 4704 Commercial Drive
City: Huntsville State: AL Zip: 35816
Contact Person: Brad Stepp Tel: 256-759-8998

WASTE TRANSPORTER #2

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

XIV. WASTE DISPOSAL SITE

Name: ROBO Landfill
Address: 6447 Wahalak Road
City: Scooba State: MS Zip: 39358
Contact Person: Roland Edmunds Tel: 662-793-4795

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:
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, isolate area, wet wipe, HEPA Vac, negative air, air monitoring

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.

Ryan Mashburn (Type or Print Name) [Signature] (Signature of Owner/Operator) 07/12/2023 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ryan Mashburn (Type or Print Name) [Signature] (Signature of Owner/Operator) 07/12/2023 (Date)