

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 08-08-2023	AI Number 1136
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Main Baptist Hospital Building				
Address: 1225 North State Street				
City: Jackson		State: MS	Zip: 39202	
X Site Location:		Tel: 601-968-1727		
Building Size: 300,000 +sf		# of Floors: 6	Age in Years: 50	
Present Use: Hospital		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Mississippi Baptist Health Systems				
Address: 1225 N. State Street				
City: Jackson		State: MS	Zip: 39202	
Contact: Sybil Ware, Facilities Management		Tel: 601-968-1727		
ASBESTOS REMOVAL CONTRACTOR: M & M Services, Inc.				
Address: P. O. Box 68431				
City: Jackson		State: MS	Zip: 39286	
Contact: Dale McGuffie		Tel: 601-982-8695		
Certification Number:		Expiration Date:		
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: prior hospital survey X		
Inspector: Dennis McGuffie		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL X Flooring, Piping, Mastics, Caulks, Sheetrock and Roofing				
VII. QUANTITY OF RACM TO BE REMOVED: 100 sf of hot water boiler insulation in sub basement				
Pipes (LN FT):	Surface Area (SQ FT): 100 sf		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: August 21, 2023			Complete: Dec 30, 2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: August 21, 2023			Complete: Dec 30, 2023	

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

Full containment or large glove bag tank.

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

Containment established. Wet removal methods. Negative air. Air Monitoring. Trained Workers

XIII. WASTE TRANSPORTER #1

Name: M & M Services, Inc.

Address: P. O. Box 68431

City: Jackson

State: MS

Zip: 39286

Contact Person: Dale McGuffie

Tel: 601-982-8695

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Republic Services, Inc., Little Dixie Landfill

Address: 1716 N. County Line Road - Madison County

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Mike Raley

Tel: 601-613-8671

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:

Stop work. Wet Material. Notify Owner.

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:

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.

DALE MCGUFFIE
Type or Print Name

Dale McGuffie
(Signature of Owner/Operator)

08-08-2023
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DALE MCGUFFIE
Type or Print Name

Dale McGuffie
(Signature of Owner/Operator)

08-08-2023
(Date)