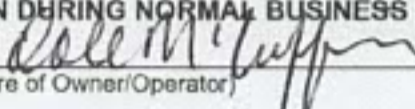
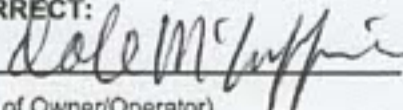


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 1/2/2025	AI Number 1136
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R-REVISED				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R-RENOVATION				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: MISS. BAPTIST MEDICAL CENTER				
Address: 1225 NORTH STATE STREET				
City: JACKSON	State: MS	Zip: 39203	County: HINDS	
Site Location: 3RD FLOOR ICU AREA		Tel: 601-941-8855		
Building Size: 300,000 SF	# of Floors: 7	Age in Years: 50+		
Present Use: Hospital	Prior Use: same			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MISS. BAPTIST MEDICAL CTR.				
Address: SAME AS ABOVE				
City:	State:	Zip:		
Contact: BRANDON GRUBBS - MAINTENANCE SUPR.	Tel: 601-968-1000			
ASBESTOS REMOVAL CONTRACTOR: M+M SERVICES, INC.				
Address: P.O. Box 68431				
City: JACKSON, MS	State: MS	Zip: 39208		
Contact: DALE McCaffie	Tel: 601-941-8855 cell			
Certification Number:		Expiration Date:		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): (No)				
WAS ASBESTOS PRESENT? (Yes/No): (No)		Inspection Date: 11/11/2020		
Inspector: W. HAL MOORE	Certification Number: ABE00002284	Expiration Date: UNK		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: FLOOR TILE + GULCH				
VII. QUANTITY OF RACM TO BE REMOVED: 1500 SF OF FLOOR TILE + MASTIC				
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: 01/02/25		Complete: 03/01/2025		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/02/25		Complete: 03/01/2025		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Remove floor tile + mastic		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
WET METHOD, INSIDE CONTAINMENT, HEPA NEG. AIR		
XIII. WASTE TRANSPORTER #1		
Name: MOM SERVICES, INC.		
Address: BOX 68431		
City: JACKSON	State: MS	Zip: 39286
Contact Person: DALE MCGUFFIE	Tel: 601-982-8695	
WASTE TRANSPORTER #2		
Name: NA		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE Little Dixie Landfill		
Name: 1716 N. COUNTY LINE ROAD		
Address:		
City: RIDGELAND	State: MS	Zip: 39157
Contact Person: MICHAEL BAILEY	Tel: 601-982-9488	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: NA	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XVI. FOR EMERGENCY RENOVATIONS: NA		
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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:		
STOP WORK. NOTIFY OWNER,		
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 <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	01/02/2025 <small>(Date)</small>
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
DALE MCGUFFIE <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	01/02/2025 <small>(Date)</small>