

# 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 3/24/2025	At Number
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: KINLOCH GILL CENTER				
Address: 907 HIGHWAY 82 GREENWOOD, MISSISSIPPI 38930				
City: Greenwood	State: MS	Zip: 38930		
Site Location: Roof			Tel:	
Building Size: Approx. 16,000sf	# of Floors: 2	Age in Years: 40+		
Present Use: Health Center	Prior Use: Health Center			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Bill Cook				
Address: Kinloch Gill Center 907 Highway 82 Greenwood, MS 38930				
City: Greenwood	State: MS	Zip: 38930		
Contact: Bill Cook			Tel: (662) 453-6211	
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL				
Address: 783 HARRIS STREET				
City: JACKSON	State: MS	Zip: 39202		
Contact: DARYL ANDERSON			Tel: 601-354-4400	
Certification Number: ABC-00002173	Expiration Date: 11-12-25			
OTHER OPERATOR: Dixie Roofing				
Address: 1936 Hwy 51				
City: Winona	State: MS	Zip: 38967		
Contact: Ricky Bingham			Tel: 662-283-4463	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 10-24-2024	
Inspector: Paul Anderson	Certification Number: ABI-00001686	Expiration Date: 05/31/2025		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Roof sampled				
Procedure PLM-Polarized Light Microscopy				
VII. QUANTITY OF RACM TO BE REMOVED: 2500sf roof flashing				
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: 04-2-25			Complete: 4-15-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-3-25			Complete: 4-16-25	

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

Replace roof

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

Area barricaded off with asbestos danger tape, material kept wet and placed in acm bags for disposal

**XIII. WASTE TRANSPORTER #1**

Name: Anderson Environmental

Address: 783 Harris Street

City: Jackson

State: MS

Zip: 39202

Contact Person: Daryl Anderson

Tel: (601) 354-4400

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE** Republic

Name: Little Dixie Landfill

Address: 1716 E County Line Rd Ridgeland, MS 39157

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Landfill Manager

Tel: 601-483-0715

**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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Halt all work and notify the proper authority

**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.**

DARYL ANDERSON

Type or Print Name

(Signature of Owner/Operator)

03-20-24

(Date)

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

DARYL ANDERSON

Type or Print Name

(Signature of Owner/Operator)

03-20-24

(Date)