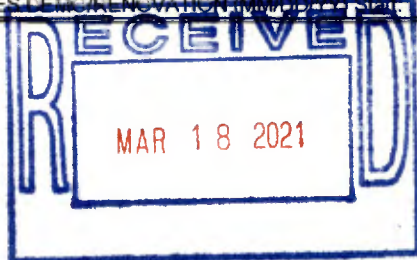


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
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) Break room former HR and HIMS area 1st - east tower			
Bldg. Name: Gulfport Memorial Hospital			
Address 4500 13th Street			
City: Gulfport	State: MS	Zip: 39501	
Site Location: Break room former HR and HIMS area 1st - east tower		Tel: 228-865-3146	
Building Size SF	# of Floors:	Age in Years: 50	
Present Use: Hospital		Prior Use: Hospital	
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Gulfport Memorial Hospital			
Address: 4500 13th Street			
City: Gulfport	State: MS	Zip: 39501	
Contact: Joe Hangren		Tel: 228-865-3146	
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.			
Address: PO Box 15925			
City: Hattiesburg	State: MS	Zip: 39404	
Contact: William H. Stamps		Tel: 601-264-5550	
OTHER OPERATOR: Owner			
Address:			
City:	State:	Zip:	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) Yes - VAT&M			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):			
Anthony Damiano - 2/9/2021 - PLM EMSL Lab			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft: Ln M:
Surface Area	500		Sq Ft: X Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/29/2021		Complete: 4/10/2021	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/29/2021		Complete: 6/30/2021	



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

Removal of Floor tile and mastic prior to replacement by others.

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

Containment will be established with poly critical barriers with negative air. All ACM will Wetted and removed . Waste will be placed in clear , labeled , poly bags and a placed in properly lines container for disposal.

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services , Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pecan Grove

Address: 9685 Firetower Rd.

City: Pass Christian

State: MS

Zip: 39571

Tel: (866) 909-4458

XIV. 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):

XV. 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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

All work will stop. MDEQ will be notified.

XVII. 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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

3/15/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

3/15/2021

(Date)

