

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Project # \_\_\_\_\_ Custmark \_\_\_\_\_ Date Received (MDEQ use only) \_\_\_\_\_ Notification # (MDEQ use only) \_\_\_\_\_

Type of Notification (O=Original R=Revised C=Canceled A=Annual) R

TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emer. Renovation) R

CILITY DESCRIPTION (Include building name, number and floor or room number)

Name: Building 62 and 63 Ms. State Hospital

Address: 3550-MS-468 Pearl MS

City: Pearl MS State: MS Zip: 39208

Location: Whitfield MS Tel: 601-351-5000

Building Size: 2 Floors in Both 62-63 # of Floors: 2 Age in Years: opened in 1935

Current Use: Mental Health Facility Prior Use: Closed Mental Health Facility

FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: The State of MS

Address: 3550-MS-468 Pearl MS State: MS Zip: 39208

Contact: \_\_\_\_\_ Tel: 601-351-8000

REMOVAL CONTRACTOR: Forrest Construction LLC

Address: 1870 Altia Wood Drive 591 Raymond Rd Jackson MS State: MS Zip: 39204

Contact: Darius Forrest Tel: 1-769-216-8741

OPERATOR: NA

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

ASBESTOS PRESENT? (Yes/No) Yes  
 PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (include inspector name and date of inspection):

Advanced Environmental

APPROXIMATE AMOUNT OF ASBESTOS CONTAINING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed					
2. Category I ACM Not Removed					
3. Category II ACM Not Removed					
Surface Area			<u>Caulkings</u>	Ln Ft: <u>3.00</u>	Ln M:
RACM Off Facility Component			<u>Floor Tile</u>	Sq Ft: <u>15000</u>	Sq M:
			<u>200 sq ft Piping</u>	Cu Ft: <u>80</u>	Cu M: <u>17.5</u>
SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>3-16-2021</u>				Complete: <u>9-16-2021</u>	
SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>3-16-2021</u>				Complete: <u>9-16-2021</u>	

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Dept. of Environmental Quality

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

Inside Ceiling and Walls by Hand

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

XII. WASTE TRANSPORTER #1

Name: Waste Management or Waste Pro  
Address: 4517 Methodist Home Rd Apt 1450 Country Club Dr Jackson MS  
City: Jackson State: MS Zip:  
Contact Person: Tel: 769-230-0204

WASTE TRANSPORTER #2 Waste Pro

Name: Waste Pro  
Address: 4517 Methodist Home Rd  
City: Jackson MS State: MS Zip:  
Contact Person: Tel: 601-981-9950

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Sanitary Landfill (Republic)  
Address: 1716 North County Line Rd  
City: Jackson State: MS Zip: 39201  
Tel: 601-982-9466

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: MSA 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 ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

Stop and correct the problem and call DEQ

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.

David Forest (Type or Print Name) [Signature] (Signature of Owner/Operator) 03/12/21 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

David Forest (Type or Print Name) [Signature] (Signature of Owner/Operator) 03/12/21 (Date)