

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <b>3/26/21</b>	Date Received (MDEQ use only) <b>3/30/21</b>	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Regions Bank</b>				
Address: <b>25073 US-51</b>				
City: <b>Crystal Springs</b>	State: <b>MS</b>	Zip: <b>39059</b>		
Site Location:		Tel:		
Building Size: <b>1860sqft</b>	# of Floors: <b>1</b>	Age in Years: <b>55</b>		
Present Use: <b>Bank</b>	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Regions Bank</b>				
Address: <b>1900 5th Avenue</b>				
City: <b>Birmingham</b>	State: <b>AL</b>	Zip: <b>35203</b>		
Contact: <b>Kathy Smithers</b>	Tel: <b>205-264-5758</b>			
REMOVAL CONTRACTOR: <b>ARC Abatement</b>				
Address: <b>131 Industrial Drive Suite A</b>				
City: <b>Slidell</b>	State: <b>LA</b>	Zip: <b>70460</b>		
Contact: <b>Donald DeLatte</b>	Tel: <b>985-956-7061</b>			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>PLM Matthew Johnston, Terracon Consultants</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Indicate Unit of Measurement Below	
			Category I	Category II
Pipes			Ln Ft:	Ln M:
Surface Area		<b>5sqft</b>	Sq Ft:	Sq M:
Vol RACM Off Facility Component			Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>4-10-21</b>			Complete: <b>4-10-21</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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Dept. of Environmental Quality

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

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

Facilitate penetrations with glovebox

XII. WASTE TRANSPORTER #1

Name: **ARC Abatement**

Address: **131 Industrial Dr Suite A**

City: **Slidell**

State: **LA**

Zip: **70460**

Contact Person: **Donald DeLatte**

Tel: **985-956-7061**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Central Landfill**

Address: **8800 Highway 11**

City: **McNeil**

State: **MS**

Zip: **39457**

Tel: **601-795-2500**

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:

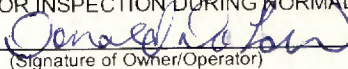
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

**Cease work, asses and notify MDEQ**

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.

Donald DeLatte

Type or Print Name

  
(Signature of Owner/Operator)

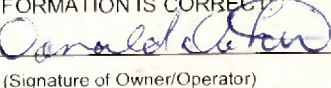
03/26/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Donald DeLatte

Type or Print Name

  
(Signature of Owner/Operator)

03/26/2021

(Date)