

Rev

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 2-2-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R				
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): G.V. Sonny Montgomery VA Medical Center				
Bldg. Name: VA Medical Center				
Address: 1500 E. Woodrow Wilson Avenue				
City: Jackson		State: MS	Zip: 39216	
Site Location:			Tel: 601-632-4471	
Building Size: Unknown		# of Floors: 3	Age in Years: 90	
Present Use: Medical Center		Prior Use: Unknown		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: VA Medical Center				
Address: 1500 E. Woodrow Wilson Avenue				
City: Jackson		State: MS	Zip: 39216	
Contact: N/A			Tel: 601-632-4471	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock		State: AR	Zip: 72118	
Contact: Justin Dixon			Tel: 501-801-2776	
Certification Number: ABC-00009502			Expiration Date: 9/30/2023	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 1/25/2023	
Inspector: Andrew Ables		Certification Number: ABI-00010682	Expiration Date: 10/25/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed Inspection by Andrew Ables 1/25/2023				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 460				
Category I:			Category II: Mastic	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/1/2023			Complete: 2/1/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Materials listed above to be removed by hand so facility can be renovated.

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

Materials will be wetted before/during/after abatement, packaged/labeled & transported to a certified class 1 landfill.

XIII. WASTE TRANSPORTER #1

Name: Snyder Environmental & Construction, LLC

Address: 7705 Northshore Place

City: North Little Rock

State: AR

Zip: 72118

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Alternative Waste Management Landfill

Address: 43 White City Road

City: Mayflower

State: AR

Zip: 72106

Contact Person:

Tel: 501-851-1171

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:

Wet the unexpected, make safe the area and notify DEQ.

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.

Barbara McElroy

Type or Print Name

Barbara McElroy

(Signature of Owner/Operator)

1/31/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

Barbara McElroy

(Signature of Owner/Operator)

1/31/2023

(Date)