

# 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 04-15-2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Tippah County Hospital				
Bldg. Name: Forner Hospital				
Address: 1005 City Ave N				
City: Ripley		State: MS	Zip: 38663	
Site Location: All buildings in former hospital			Tel: 228-348-0072	
Building Size: 80,000		# of Floors: 1-2	Age in Years: 50+	
Present Use: none		Prior Use: Medical Center		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Tippah County Board of Supervisors				
Address: 101 East Spring Street				
City: Ripley		State: MS	Zip: 38663	
Contact: Jimmy Gunn			Tel: 662-837-3655	
ASBESTOS REMOVAL CONTRACTOR: Southern Recycling and Demolition, Inc.				
Address: 3586 Sangani Blvd. Ste. L301				
City: D'Iberville		State: MS	Zip: 39540	
Contact: Sarah Hickman			Tel: 228-348-0072	
Certification Number: ABC-00005831			Expiration Date: RENEWAL PENDING	
OTHER OPERATOR: Southern Recycling and Demolition, Inc.				
Address: 3586 Sangani Blvd. Ste. L301				
City: D'Iberville		State: MS	Zip: 39540	
Contact: Sarah Hickman			Tel: 228-348-0072	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <input checked="" type="checkbox"/> yes				
WAS ASBESTOS PRESENT? (Yes/No): <input checked="" type="checkbox"/> yes			Inspection Date: Sept 2018	
Inspector: Joseph Drapala		Certification Number: ABI-00003042	Expiration Date: 07/23/2019	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: flooring, ceiling material, dry-wall, plaster, insulation, mortar, window glaze, PLM method was used for analysis				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 725		Surface Area (SQ FT): 1200	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: 05/17/2024 Complete: 07/22/2024				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/29/2024 Complete: 08/30/2024				

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

Complete demolition using mechanical means

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

enclosure, wet method, double bag, negative air

**XIII. WASTE TRANSPORTER #1**

Name: Southern Recycling and Demolition, Inc.

Address: 3586 Sangani Blvd. Ste. L301

City: D'Iberville

State: MS

Zip: 39540

Contact Person: Sarah Hickman

Tel: 228-348-0072

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Walnut Landfill

Address: 2941 CR 302

City: Walnut

State: MS

Zip: 38683

Contact Person:

Tel: 662-223-5445

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

Stop work, keep wet, test and/or assess for additional engineering controls, notify MDEQ

**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.**

Sarah Hickman

Type or Print Name

*Sarah Hickman*

(Signature of Owner/Operator)

04/15/2024

(Date)

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

Sarah Hickman

Type or Print Name

*Sarah Hickman*

(Signature of Owner/Operator)

04/15/2024

(Date)