

CAN 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 4/18/2025	AI Number 79385
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R POSTPONED				
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): Gulfport Memorial Hospital				
Bldg. Name: Gulfport Memorial Hospital				
Address: 4500 13th Street				
City: Gulfport		State: MS	Zip: 39501	
Site Location: South Building		Tel: 228-867-4000		
Building Size: 75,000		# of Floors:	Age in Years:	
Present Use: Hospital		Prior Use: Hospital		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Memorial Hospital at Gulfport				
Address: 4500 13th Street				
City: Gulfport		State: MS	Zip: 39501	
Contact: Colin Danley (GC)		Tel: 228-219-7696		
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock		State: AR	Zip: 72118	
Contact: Justin Dixon/Andrew Ables		Tel: 501-801-2776/601-559-2185		
Certification Number: ABC-00009502		Expiration Date: 05/15/2025		
OTHER OPERATOR: N/A				
Address: N/A				
City: N/A		State: N/A	Zip: N/A	
Contact: N/A		Tel: N/A		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 08/12/2024	
Inspector: Willie Nester		Certification Number: ABI-00002244	Expiration Date: 1/24/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM Bulk Samples 27,670 SF of FT/Mastic 500 SF of Transite 880 LF of Pipe Insulation 3,050 SF of Windows				
VII. QUANTITY OF RACM TO BE REMOVED: Pipe Insulation				
Pipes (LN FT):	Surface Area (SQ FT): 880 SF		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: Floor Tile/Mastic (26,670 SF)		Category II: Transite Panels 500 SF, WD Caulk 3,050 SF		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/21/2025			Complete: 5/9/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

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

Materials listed 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, during and after abatement, properly packaged, labeled and transported to a class 1 landfill for disposal.

XIII. WASTE TRANSPORTER #1

Name: 3-D Contractors

Address: 7808 Songbird Lane

City: Moss Point

State: MS

Zip: 39562

Contact Person: Colin Danley

Tel: 228-219-7696

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Landfill

Address: PO Box 389

City: Petal

State: MS

Zip: 39465

Contact Person: N/A

Tel: 601-545-6676

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

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

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 area safe 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)

4/18/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

4/18/2025

(Date)