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# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 7/26/2021	Date Received (MDEQ use only) 7/27/2021	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</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>15380 Dedeaux</b>				
City: <b>Gulfport</b>	State: <b>MS</b>	Zip: <b>39503</b>		
Site Location: <b>Roof</b>	Tel: <b>205-983-1855</b>			
Building Size	# of Floors:	Age in Years: <b>30+</b>		
Present Use: <b>Bank</b>	Prior Use: <b>Bank</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Regions Bank</b>				
Address: <b>250 Riverchase Parkway East Suite 300</b>				
City: <b>Birmingham</b>	State: <b>AL</b>	Zip: <b>35244</b>		
Contact: <b>Jacob Pou</b>	Tel: <b>205-983-1855</b>			
REMOVAL CONTRACTOR <b>ARC Abatement</b>				
Address: <b>225 S 12th Street</b>				
City: <b>Waco</b>	State: <b>TX</b>	Zip: <b>76701</b>		
Contact: <b>Warren Brown</b>	Tel: <b>504-313-2032</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):				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft:      Ln M:
Surface Area		2000		Sq Ft: <b>2000</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>07/26/21</b> Complete: <b>07/26/21</b>				
<b>COMPLETED</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:

Barricade, dropcloth, remove according MS asbestos abatement regulations utilizing non-mechanical means and wet methods for intact non-friable abatement, double bagging and labels.

XII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 920 Kenner Avenue

City: Kenner

State: LA

Zip: 70062

Contact Person: James Cueto

Tel: 228-424-6089

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Central Landfill

Address: 8800 Highway 11 North

City: McNeill

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:

Stop work and notify the owner and DEQ immediately

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 DeLette

Type or Print Name

(Signature of Owner/Operator)

07/26/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Donald DeLette

Type or Print Name

(Signature of Owner/Operator)

07/26/2021

(Date)