

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 2/2/21 <i>8/16/21</i>	Date Received (MDEQ use only) <i>8/16/21</i>	Notification # (MDEQ use only) <i>79967</i>		
I. Type of Notification (O -Original R -Revised C -Cancelled A -Annual) <i>Revised 8/16/21</i>					
II. TYPE OF OPERATION (D-Demo O -Ordered Demo R-Renovation E-Emar. Renovation)					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <i>TRUSTMARK HERNANDO MOTOR BRANCH</i>					
Address: <i>934 E. COMMERCE STREET</i>					
City: <i>HERNANDO</i>	State: <i>MS</i>	Zip: <i>38632</i>	Tel: <i>(662) 429-9196</i>		
Building Size: <i>850 SF</i>	# of Floors: <i>1</i>	Age in Years: <i>49</i>			
Present Use: <i>DRIVE THRU BANK</i>	Prior Use: <i>DRIVE THRU BANK</i>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <i>TRUSTMARK NATIONAL BANK</i>					
Address: <i>248 E. CAPITAL STREET, SUITE 517</i>					
City: <i>JACKSON</i>	State: <i>MS</i>	Zip: <i>39201</i>	Tel: <i>(601) 208-2536</i>		
REMOVAL CONTRACTOR: <i>SPECIALTY ABATEMENT SERVICES, INC.</i>					
Address: <i>4009 BROADWAY</i>					
City: <i>BARTLETT</i>	State: <i>TN</i>	Zip: <i>38135</i>	Tel: <i>(901) 507-1203</i>		
OTHER OPERATOR: <i>MIKE ROZIER CONSTRUCTION, CO.</i>					
Address: <i>10474 HWY. 82 EAST</i>					
City: <i>GREENWOOD</i>	State: <i>MS</i>	Zip: <i>38930</i>	Contact: <i>TAYLOR THACH (662) 453-8161</i>		
V. IS ASBESTOS PRESENT? <i>Yes/No</i>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <i>BULK SAMPLING BY A MS. ACCREDITED ASBESTOS BUILDING INSPECTORS + PHA ANALYSE - REPORTS ATTACHED</i>					
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	UNIT
				Ln Ft:	Ln M:
				So Ft:	So M:
				Cu Ft:	Cu M:
Pipes					
Surface Area: <i>ACRYLIX & MASTIC 5/5 SWIRL</i>	<i>414 ± 97</i>			<i>65 SF</i>	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>08/03/21 08/30/21</i> Complete: <i>08/10/21 09/2/21</i>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>09/07/21</i> Complete: <i>09/21/21</i>					

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: **ASBESTOS REMOVAL**
 SPRAY-APPLIED "MIST" POLYMERIZATION (944 SE) ASBESTOS UNDER 2 LAYER OF FLOOR
 TILE (97 SE) + WASTE REMOVAL OF CERAMIC TILE (97 SE)
 XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE
 DEMOLITION OR RENOVATION SITE: WORK AREAS WILL BE ISOLATED AND PLACED UNDER NEGATIVE
 PRESSURE W/ HEPA FILTERED EXHAUST FANS. ACM WILL BE REMOVED UTILIZING HAND
 TOOLS & WET METHODS. ALL WASTE WILL BE BAGGED & DISPOSED OF OFF SITE WITH
 AUTHORIZED LANDFILL.
 XII. WASTE TRANSPORTER #1

Name: **Tunica Landfill - Waste Management**
 Address: **3065 Bowdrie Rd**
 City: **Robinsonville** State: **MS** Zip: **38664**
 Contact Person: Tel: **(662) 363-2282**

WASTE TRANSPORTER #2
 Name: **DEMPEY CONSTRUCTION COMPANY, LLC**
 Address: **14207 CHAPEL RIDGE TRAIL**
 City: **OLIVE BRANCH** State: **MS** Zip: **38654**
 Contact Person: **SCOOTER DEMPEY** Tel: **(901) 494-6432**

XIII. WASTE DISPOSAL SITE
 Name: **Tunica Landfill (Asbestos) Starlandings Rubbish Pit (Blky debris)**
 Address: **3065 Bowdrie Rd (Asbestos) 9353 Starlandings Rd (Blky debris)**
 City: **Robinsonville | Lake Comorant** State: **MS** Zip: **38664 | 38641**
 Tel: **(662) 363-2282 (Tunica Landfill) (662) 395-9705 (Starlandings)**

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: **STOP WORK.**
ISOLATE WORK AREA UTILIZING WET METHODS, HEPA VACUUMS TO CLEAN AREA. NOTIFY
MDEQ & GEORGE PYLE w/ FISHAL AGENCY & EVENT & DETERMINE NECESSARY ACTIONS.

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.

GEORGE R. PYLE, Jr. (Type or Print Name) **[Signature]** (Sig.) **20 JUL 2021** (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
GEORGE R. PYLE, Jr. (Type or Print Name) **[Signature]** (Signature of Owner/Operator) **20 JUL 2021** (Date)