MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) E

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: TYLER HOLMES MEMORIAL HOSPITAL

Address 409 Tyler Holmes Dr #1521, Winona, MS 38967

City: WINONA	State: MS	Zip: 38967
Site Location: CT SCAN ROOM		Tel: (662) 283-4114
Building Size 20,000SF	# of Floors: 1	Age in Years: 50+
Present Use: HOSPITAL	Prior Use: HOSPITAL	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: SAME AS ABOVE

Address:

City:	State:	Zip:
Contact:		Tel:

REMOVAL CONTRACTOR ANDERSON ENVIRONMENTAL

Address: 870 FOLEY STREET

City: JACKSON	State: MS	Zip: 39202
Contact: DARYL ANDERSON		Tel: 601-354-4400

OTHER OPERATOR:

Address:

City:	State:	Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No)

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Presumed ACM

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				LnFt:	Ln M:
Surface Area Floor tile and Mastic	210			SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1-07-22 Complete: 1-09-22

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1-10-22 Complete: 1-10-22

RECEIVED
JAN 04 REC'D
Dept. of Environmental Quality

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

REMOVAL OF ASBESTOS MASTIC TO INSTALL CT SCANING EQUIPMENT

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

Area will be contained, placed under negative pressure, kept wet, material placed in 6mil ACM labeled bags for disposal

XII. WASTE TRANSPORTER #1

Name: ANDERSON ENVIRONMENTAL

Address: 870 FOLEY STREET

City: JACKSON	State: MS	Zip: 39202
Contact Person: DARYL ANDERSON		Tel: 601-354-4400

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: LITTLE DIXIE LANDFILL

Address: 1716 N County Line Rd, Ridgeland, MS 39157

City: RIDGELAND	State: MS	Zip: 39157

Tel: (601) 982-9488

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

Name: STAN RODGERS	Title: HOSPITAL MANAGER

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): 12-21-21 9AM

Description of the sudden unexpected event: Asbestos mastic found while renovating floor for installation for CT Scanner

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
When installing the CT Scanner black mastic was discovered, this level 4 trauma hospital and must have the CT Scanner in place by Monday 1-10-22

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

HALT ALL WORK AND NOTIFY THE PROPER AUTHORITY

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.

DARYL ANDERSON — Type or Print Name
(Signature of Owner/Operator)
1-04-22 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DARYL ANDERSON — Type or Print Name
(Signature of Owner/Operator)
1-04-22 — (Date)