

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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 9.6.2022	AI Number
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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Inn Of Vicksburg				
Address: 3332 Clay Street				
City: Vicksburg		State: MS	Zip: 39183	
Site Location: 3332 Clay Street Vicksburg, MS 39183			Tel: N/A	
Building Size: 74,800 sq. ft		# of Floors: 4	Age in Years: 34	
Present Use: Vacant		Prior Use: Hotel		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Inn Of Vicksburg,				
Address: 3332 Clay St.				
City: Vicksburg,		State: MS	Zip: 39183	
Contact: Sharon Athey		Tel: 601-482-2380		
ASBESTOS REMOVAL CONTRACTOR: Environmental Management Plus, Inc.				
Address: 117 Richardson Drive				
City: Jackson		State: MS	Zip: 38286-9361	
Contact: Alfred Martin		Tel: 601-922-1919		
Certification Number:		Expiration Date:		
OTHER OPERATOR: Paul Lynn Construction, LLC				
Address: 9725 Highway 61S				
City: Vicksburg		State: MS	Zip: 39180	
Contact: Don Miller		Tel: 601-529-2278		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 03/16/2022	
Inspector: Donald S. Miller, Jr.		Certification Number: ABI-00002373	Expiration Date: Nov. 12, 2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Flooring, Wall Material, Roofing & Sub-Roof, Insulation. HVAC System. Samples sent to Certified Lab (Environmental Hazards Services) for analysis				
RECEIVED SEP 06 2022				
VII. QUANTITY OF RACM TO BE REMOVED: 56,000 Sq. Ft. DEPT. OF ENVIRONMENTAL QUALITY				
Pipes (LN FT): N/A	Surface Area (SQ FT): 56,000		Volume of Facility Components (CU FT): 390 cu.ft.	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I: N/A		Category II: N/A		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/16/2022			Complete: 10/20/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09/16/2022			Complete: 12/20/2022	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Asbestos removal using wet method, demolition using mechanical equipment

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

Certified Personnel on site to monitor demolition. In the event SACM is encountered, work will stop until situation is corrected

XIII. WASTE TRANSPORTER #1

Name: **ADS**

Address: **1312 Springfield Rd.**

City: **Clinton**

State: **MS**

Zip: **39056**

Contact Person: **Mark Parkman**

Tel: **601-925-0507**

WASTE TRANSPORTER #2 **N/A**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: **Little Dixie Landfield (Republic Services)**

Address: **1716 N. County Line Rd.**

City: **Ridgeland**

State: **MS**

Zip: **39157**

Contact Person: **Katrina Liddell**

Tel: **601-982-9488**

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

Name: **N/A**

Title:

Authority:

Date of Order (MM/DD/YY):

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

XVI. FOR EMERGENCY RENOVATIONS: **N/A**

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:

Work will stop immediately--will resume upon correction of hazardous situation.

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.

Donald S. Miller, Jr

Type or Print Name

Donald S. Miller, Jr

(Signature of Owner/Operator)

09/01/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Donald S. Miller, Jr.

Type or Print Name

Donald S. Miller, Jr

(Signature of Owner/Operator)

09/01/2022

(Date)