

"Rev" "Def"

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 10-10-2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Alliance Health Center				
Address: 5000 Mississippi 39				
City: Meridian		State: MS	Zip: 39301	
Site Location: Chapel, HR Building, School Building			Tel: 601-483-6211	
Building Size:		# of Floors:	Age in Years: 40+	
Present Use: Psychiatric Hospital		Prior Use: Psychiatric Hospital		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Universal Health Services, Inc.				
Address: 367 South Gulph Rd.				
City: King of Prussia		State: PA	Zip: 19406	
Contact: Anthony Carroll			Tel:	
ASBESTOS REMOVAL CONTRACTOR: Orion Environmental, Inc.				
Address: 15076 Collegetown Dr.				
City: Hammond		State: LA	Zip: 70401	
Contact: Lee Patterson			Tel: 985-602-5750	
Certification Number: ABC-00010651			Expiration Date: 8/01/2023	
OTHER OPERATOR: N/A				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 02/28/22 & 03/08/22	
Inspector: Thomas Carpenter		Certification Number: ABI-00011112	Expiration Date: 11/3/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 28 FITTINGS	Surface Area (SQ FT):		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: Floor tile, mastic		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/24/2022			Complete: 11/23/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/24/2022			Complete: 11/23/2022	

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

Orion will perform abatement per MDEQ regulations.

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

Removal and disposal of ACM will be performed under containment, negative air pressure, HEPA filtered vacuums, wet methods, glove bags for pipe fittings. A floor machine will also be used during this process.

XIII. WASTE TRANSPORTER #1 Waste Management

Name: Waste Management

Address: 520 Murphy Road

City: Meridian

State: MS

Zip: 39301

Contact Person: Michael Eidt

Tel: 662-448-0773

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Ridge Sanitary Landfill

Address: 520 Murphy Road

City: Meridian

State: MS

Zip: 39301

Contact Person: Michael Eidt

Tel: 662-448-0773

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

Name: N/aA

Title:

Authority:

Date of Order (MM/DD/YY):

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

XVI. 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:

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:

We will stop all work, notify MDEQ and assess the 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.

Lee Patterson

Type or Print Name

Lee Patterson

(Signature of Owner/Operator)

10/10/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee Patterson

Type or Print Name

Lee Patterson

(Signature of Owner/Operator)

10/10/2022

(Date)