

# 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) <b>11-15-22 by email</b>	Notification # (MDEQ use only)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</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) <b>Building 63</b>			
Bldg. Name: <b>MS State Hospital</b>			
Address: <b>3550 Highway 468 W, Pearl, MS 39208</b>			
City: <b>Pearl</b>	State: <b>MS</b>	Zip: <b>39208</b>	
Site Location:		Tel:	
Building Size: <b>Building 63 - 25,000sf</b>	# of Floors: <b>3</b>	Age in Years: <b>50+/-</b>	
Present Use: <b>vacant</b>	Prior Use: <b>MSH Facility</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <b>State of Mississippi</b>			
Address: <b>3550 Highway Hwy 468</b>			
City: <b>Pearl</b>	State: <b>MS</b>	Zip: <b>39208</b>	
Contact:		Tel:	
REMOVAL CONTRACTOR <b>EMP</b>			
Address: <b>PO BOX 9361</b>			
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39286-9361</b>	
Contact: <b>Alfred Martin</b>		Tel: <b>601 922-1919</b>	
OTHER OPERATOR: <b>The Lathan Company (Contractor)</b>			
Address: <b>5450 Rangeline Rd, Mobile, AL 36619</b>			
City:	State:	Zip:	
Contact: <b>Tonya Brewer</b>			
V. IS ASBESTOS PRESENT? (Yes/No) <b>Y assumed</b>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Alfred Martin, Ph.D.</b>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Nonfriable Asbestos Material Not To Be Removed  Category I      Category II	Indicate Unit of Measurement Below  UNIT
Pipes			Ln Ft:      Ln M:
Surface Area		Caulking around 208 window	Sq Ft: <b>208</b> Sq M:
Vol RACM Off Facility Component			Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>11/28/22</b>		Complete: <b>12/9/22</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>TBD</b>		Complete: <b>TBD</b>	

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

Wet removal of all ACM and properly disposed of

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

Wet removal of window caulking from around window and masonry. Bag and disposal.

XII. WASTE TRANSPORTER #1 **EMP**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Little Dixie**

Address: **1716 No. County Line Road**

City: **Ridgeland**

State: **ms**

Zip: **39157**

Tel: **601982-9488**

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:

Halt work and re-evaluate and alert owner

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.

**Alfred Martin, Jr.**

Type or Print Name

(Signature of Owner/Operator)

**11.11.22**

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

**Alfred Martin, Jr.**

Type or Print Name

(Signature of Owner/Operator)

**11.11.22**

(Date)