

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 8-15-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 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): Kitchen,C&S,Breakroom,Entrance, 2 offices,bathroom, storage room, Rooms 1-10				
Bldg. Name: Norfolk Southern Railroad Meridian Yard				
Address: 3102 3rd Street				
City: Meridian		State: MS	Zip: 39301	
Site Location:			Tel:	
Building Size: 5,000 SF		# of Floors: 1	Age in Years: 50	
Present Use: Offices		Prior Use: Same		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Norfolk Southern Railroad				
Address: 650 W. Peachtree Street NE				
City: Atlanta		State: GA	Zip: 30308	
Contact: Crystal McNeely			Tel: 205-937-4104	
ASBESTOS REMOVAL CONTRACTOR: HRS Services, LLC.				
Address: 26992 Main Street				
City: Ardmore		State: AL	Zip: 35739	
Contact: Ryan Mashburn			Tel: 256-423-8964	
Certification Number: ABC-00012221			Expiration Date: 05/01/2024	
OTHER OPERATOR: Unknown				
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: 05/05/2022	
Inspector: Rommel Gan		Certification Number: ABI-00007485	Expiration Date: 3/25/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
12 X 12 Floor Tile and mastic, vinyl base cove, 2 X 2 ceiling tile, sink undercoating, window caulk, roof flashing, and transite paneling; PLM method				
VII. QUANTITY OF RACM TO BE REMOVED: 4,000 SF Floor Tile and Mastic, 1 EA sink with undercoating				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: NONE				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-11-23			Complete: 9-16-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TBD			Complete: TBD	

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

wet removal and disposal of asbestos containing floor tile and mastic throughout, 1 each sink with undercoating

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

Full containment, wet removal, neg air, HEPA Vac, Air monitoring, double bagged and hauled in a poly sealed dumpster

XIII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 4704 Commercial Drive

City: Huntsville

State: AL

Zip: 35816

Contact Person: Brad Stepp

Tel: 256-759-8998

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: ROBO Landfill

Address: 6447 Wahalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edmunds

Tel: 662-793-4795

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):

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop work, isolate area, wet wipe, HEPA vac, neg air, air monitoring

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.

Ryan Mashburn

Type or Print Name

(Signature of Owner/Operator)

8/14/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ryan Mashburn

Type or Print Name

(Signature of Owner/Operator)

8/14/2023

(Date)