

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 6/14/2024	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): R			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: The Vicksburg Hotel			
Address: 801 Clay Street Vicksburg, MS			
City: Vicksburg	State: MS	Zip: 39181	
Site Location: Mechanical Rooms		Tel: 601-529-2278	
Building Size: Approx. 58,000sqft		# of Floors: 11	Age in Years: 50+
Present Use: none		Prior Use: Hotel	
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: 801 Clay LLC			
Address: PO Box 408 Vicksburg, MS 39181			
City: Vicksburg	State: MS	Zip: 39181	
Contact: Ken Cantrell	Tel: 601 529-2278		
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL			
Address: 783 HARRIS STREET			
City: JACKSON	State: MS	Zip: 39202	
Contact: DARYL ANDERSON	Tel: 601-354-4400		
Certification Number: ABC-00002173		Expiration Date: 10-27-24	
OTHER OPERATOR: 801 Clay LLC			
Address: PO Box 408 Vicksburg, MS 39181			
City: Vicksburg	State: MS	Zip: 39181	
Contact: Ken Cantrell	Tel: 601-529-2278		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 3-21-2024	
Inspector: Cory Simmons	Certification Number: ABI-000012387		Expiration Date: 08/24/2024 8/25/2024
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floors, ceilings, roof, walls, windows, insulated pipes, boilers Procedure PLM-Polarized Light Microscopy			
VII. QUANTITY OF RACM TO BE REMOVED: 2000sf boiler insulation, 80lf pipe insulation, 3300sf trash shoot insulation			
Pipes (LN FT): 80lf	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-28-24 Complete: 7-15-24			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-25-24 Complete: 1-30-25			

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

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
IN containment under negative pressure, area barricaded off with asbestos danger tape, material kept wet and placed in acm bags for disposal

XIII. WASTE TRANSPORTER #1

Name: Anderson Environmental
Address: 783 Harris 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:

XIV. WASTE DISPOSAL SITE

Name: Republic Service Little Dixie Landfill
Address: 1716 North County Line, Ridgeland, MS 39157
City: Ridgeland State: MS Zip: 39157
Contact Person: Mike Raley Tel: 601-982-9488

XV. 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):

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:
Halt all work and notify the proper authority

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.

DARYL ANDERSON
Type or Print Name Signature of Owner/Operator
6-14-24 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
DARYL ANDERSON
Type or Print Name Signature of Owner/Operator
6-14-24 (Date)