

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received <span style="color: blue;">10/30/2024</span>	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <span style="float: right;">O</span>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <span style="float: right;">R</span>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: Magnolia Senior Care				
Address: 3701 Peter Quinn				
City: Jackson		State: MS	Zip: 39213	
Site Location: South Wing			Tel: 601 366-1712	
Building Size: 15,000sf		# of Floors: 1	Age in Years: 25+/-	
Present Use: Senior Living Retirement Home			Prior Use: same	
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Same				
Address: 3701 Peter Quinn				
City: Jackson		State: MS	Zip: 39213	
Contact: Justin Word			Tel: 601 831-3100	
ASBESTOS REMOVAL CONTRACTOR: EMP				
Address: PO BOX 9361				
City: Jackson		State: MS	Zip: 39286	
Contact: Alfred Martin			Tel: 601 922-1919	
Certification Number: ABC 1568			Expiration Date: 3/14/25	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <span style="float: right;">yes</span>				
WAS ASBESTOS PRESENT? (Yes/No): <span style="float: right;">yes</span>			Inspection Date: 10/22/24	
Inspector: Alfred Martin		Certification Number: ABI 1570	Expiration Date: 3/15/25	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> PLM Flooring and Mastic				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT):		Surface Area (SQ FT): <span style="float: right;">Appr. 3500sf</span>	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I: Floor tile and mastic			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 11/2/24			Complete: 11/8/24	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 11/9/24			Complete: 12/30/24	

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
The nursing home had severe foundation damage. So the foundation is being jacked up and leveled. EMP is abating the flooring.

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**  
Floor tile and mastic removal. Critical barriers will be set up with negative air. Wet method.

**XIII. WASTE TRANSPORTER #1**

Name: EMP

Address: PO BOX 9361

City: Jackson

State: MS

Zip: 39209

Contact Person: Alfred Martin

Tel: 601 922-1919

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Allied Republic Little Dixie

Address: West County Line Road

City: Ridgeland

State: MS

Zip: 601 982-9488

Contact Person: Mike Railey

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): 10/21/24

Description of the sudden unexpected event:

The foundation is severing cracking and causing problems rolling patients in the wing. They have had to move patients to other rooms until they can repair the foundation.

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

The patients can not be safely moved around on the cracked floor. The medical staff is staff is needing to get the area completed so that they can move the patient/residents back to their rooms. The owner

**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 halted and re-assessed.

**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.**

Alfred Martin

Type or Print Name

(Signature of Owner/Operator)

10/30/24

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

Alfred Martin

Type or Print Name

(Signature of Owner/Operator)

10/30/24

(Date)