

REV 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 8/23/2024	AI Number 86878
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Monroe Regional Hospital				
Address: 400 S. Chestnut Street				
City: Aberdeen		State: MS	Zip: 39730	
Site Location: 1st floor & 2nd Floor		Tel: 662-369-2455		
Building Size: Unknown		# of Floors: 2	Age in Years: Unknown	
Present Use: Hospital		Prior Use: Unknown		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Monroe Regional Hospital				
Address: 400 S. Chestnut Street				
City: Aberdeen		State: MS	Zip: 39730	
Contact: Chris Moore (GC-662-587-0327)		Tel: 662-369-2455		
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock		State: AR	Zip: 72118	
Contact: Justin Dixon/Andrew Ables		Tel: 501-801-2776/601-559-2185		
Certification Number: ABC-00009502		Expiration Date: 9/30/2023 5/15/2025		
OTHER OPERATOR: N/A				
Address: N/A				
City: N/A		State: N/A	Zip: N/A	
Contact: N/A		Tel: N/A		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date: 4/26/2023	
Inspector: Lamar Gillilands		Certification Number: ABI-00001036	Expiration Date: 2/8/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLB Bulk Samples				
Textured Ceiling above ceiling tile				
Fire Proofing/overspray above ceiling tile				
Phase 2				
VII. QUANTITY OF RACM TO BE REMOVED: 3,000 SF of Textured Ceiling, 3,000 SF of Fireproofing overspray				
Pipes (LN FT): N/A		Surface Area (SQ FT):	Volume of Facility Components (CU FT): N/A	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: NA				
Category I: N/A			Category II: N/A	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:			Complete: 8/23/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

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

Materials listed to be removed by hand so facility can be renovated.

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

Materials will be wetted, during and after abatement, properly packaged, labeled and transported to a class 1 landfill for disposal.

XIII. WASTE TRANSPORTER #1

Name: RES

Address: 1041 CR 549

City: Ripley

State: MS

Zip: 38663

Contact Person: Shea Mask

Tel: 662-885-3853

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIV. WASTE DISPOSAL SITE

Name: Three Rivers Regional Landfill

Address: 1904 Parkway West

City: Pontoco

State: MS

Zip: 38863

Contact Person: N/A

Tel: 662-489-2415

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

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

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

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

N/A

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

N/A

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:

Wet the unexpected, make area safe and notify DEQ..

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.

Barbara McElroy

Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

8-23-2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

8-23-2024

(Date)