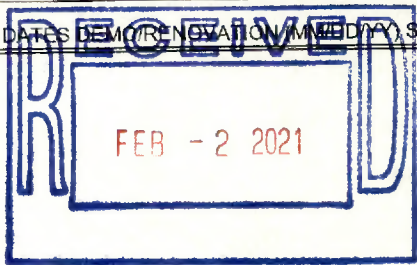


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)				
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original (O)							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation (R)							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: <u>Jasper County General Hospital</u>							
Address: <u>15A South 6th Street</u>							
City: <u>Bay Springs</u>	State: <u>MS</u>	Zip: <u>39422</u>					
Site Location: <u>Boiler Room</u>			Tel:				
Building Size: <u>300 sq ft</u>	# of Floors: <u>1</u>	Age in Years:					
Present Use: <u>Hospital/Boiler Room</u>	Prior Use: <u>Same</u>						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>Jasper County</u>							
Address: <u>15A South 6th Street</u>							
City: <u>Bay Springs</u>	State: <u>MS</u>	Zip: <u>39422</u>					
Contact: <u>Chad Simoneau</u>	Tel: <u>601-466-4107</u>						
REMOVAL CONTRACTOR: <u>M+M Services Inc.</u>							
Address: <u>P.O. Box 68431</u>							
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39286</u>					
Contact: <u>Hal Moore</u>	Tel: <u>601-957-8121</u>						
OTHER OPERATOR:							
Address: <u>N/A</u>							
City: <u>N/A</u>	State: <u>N/A</u>	Zip: <u>N/A</u>					
Contact: <u>N/A</u>							
V. IS ASBESTOS PRESENT? (Yes/No)							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>PLM</u> <u>W. Hal Moore</u> <u>12/21/20</u>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below			
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Category I</td> <td style="width: 50%; text-align: center;">Category II</td> </tr> </table>		Category I	Category II	UNIT	
				Category I	Category II		
Pipes				Ln Ft: <u>220</u>	Ln M:		
Surface Area	<u>Spray-on</u>			Sq Ft: <u>620</u>	Sq M:		
Vol RACM Off Facility Component				Cu Ft:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>February 15</u>				Complete: <u>Feb 27th</u>			
IX. SCHEDULED DATES DEMOLITION/RENOVATION (MM/DD/YY) Start: <u>N/A</u>				Complete: <u>N/A</u>			



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

Replace Pipestand Pipe Insulation

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

Full Containment/Negative Air/Water as needed.

XII. WASTE TRANSPORTER #1

9842

Name: M & M Services, Inc

Address: 1716 North County Line Road

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

Contact Person:

WASTE TRANSPORTER #2

N/A

Name:

N/A

Address:

N/A

City:

N/A

State: N/A

Zip: N/A

Contact Person:

N/A

Tel: N/A

XIII. WASTE DISPOSAL SITE

Name: BFI

Address: 1716 North County Line Road

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

XIV. 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

XV. FOR EMERGENCY RENOVATIONS:

N/A

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:

XVI. 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:

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.

W. Hal Moore
Type or Print Name

W. Hal Moore
(Signature of Owner/Operator)

2/2/21
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

W. Hal Moore
Type or Print Name

W. Hal Moore
(Signature of Owner/Operator)

2/2/21
(Date)