

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) 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: Baptist Hospital					
Address: 1225 North State Street					
City: Jackson	State: MS	Zip: 39202			
Site Location: 3rd floor icu	Tel: 601-968-1000				
Building Size: 4800 sq ft	# of Floors: 4	Age in Years: 40			
Present Use: hospital	Prior Use: hospital				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Baptist Memorial Healthcare					
Address: 1225 North State Street					
City: Jackson	State: MS	Zip: 39202			
Contact: Bill Ross	Tel: 601-968-1000				
REMOVAL CONTRACTOR M and M Services, Inc.					
Address: PO Box 68431					
City: Jackson	State: MS	Zip: 39286			
Contact: Hal Moore	Tel: 601-951-8121				
OTHER OPERATOR: n/a					
Address: n/a					
City: n/a	State: n/a	Zip: n/a			
Contact: n/a					
V. IS ASBESTOS PRESENT? (Yes/No) yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
W. Hal Moore 11-11-2020					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area	floor tile/mastic		x	Sq Ft: 4800	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/22/21				Complete: 08/22/21	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/22/21				Complete: 02/22/22	

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Dept. of Environmental Quality

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

mechanical means

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

wet method, inside containment, negative hepa airflow

XII. WASTE TRANSPORTER #1

Name: **M and M Services, Inc.**

Address: **P.O. Box 68431**

City: **Jackson**

State: **MS**

Zip: **39286**

Contact Person: **Dale McGuffie**

Tel: **601-941-8855**

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: **Republic Services, Inc. (Little Dixie Landfill)**

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:
n/a

XVI. 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:

stop work immediately and proceed with precautionary measures with trained personnel

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.

Type or Print Name (Signature of Owner/Operator)

02/11/21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name (Signature of Owner/Operator)

02/11/21

(Date)