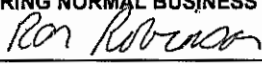



# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MAP

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 09-07-2023	AI Number 11974
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: North Mississippi Medical Center				
Address: 1105 Earl Frye Blvd				
City: Amory		State: MS	Zip: 38821	
Site Location: West Center		Tel: 662-256-7111		
Building Size: 45,000 S.F.		# of Floors: 3	Age in Years: Over 25 yrs	
Present Use: Hospital		Prior Use: Hospital		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: North Mississippi Medical Center				
Address: 1105 Earl Frye Blvd				
City: Amory		State: MS	Zip: 38821	
Contact: Luke Renfro		Tel: 662-315-8560		
ASBESTOS REMOVAL CONTRACTOR: Environmental Evaluation & Control, Inc.				
Address: P.O. Box 5422				
City: Columbus		State: MS	Zip: 39704	
Contact: Ron Robinson		Tel: 662-328-2286		
Certification Number: ABC-00007293			Expiration Date: 03-29-24	
OTHER OPERATOR: N/A				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 08-25-23	
Inspector: Ron Robinson		Certification Number: ABI-00001499	Expiration Date: 02-13-24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Foamglas Pipe Insulation Cover, Fiberglas Pipe Insulation Cover & Mastic, 12" x 12" Floor Tile & Mastic, Rubber Base & Mastic, Ceramic Tile & Grout, Ceramic Wall Tile, Wall Plaster, 2 x 2 Ceiling Tile, HVAC Duct Tape, Pipe Joint Insulation, Drywall & Joint Compound, Vinyl Flooring & Mastic, Parquet Floor Mastic, Ceiling Plaster, 2 x 4 Ceiling Tile Panel, Window Caulking				
Environmental Hazard Services, PLM Method				
VII. QUANTITY OF RACM TO BE REMOVED: 180 L.F. Window Caulking				
Pipes (LN FT):	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: 09-21-23			Complete: 09-21-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09-25-23			Complete: 12-20-23	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Removal of asbestos containing materials using wet method.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Strip & Removal, Wet Method, Double Bagging		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Environmental Evaluation & Control, Inc.		
Address: P.O. Box 5422		
City: Columbus	State: MS	Zip: 39704
Contact Person: Ron Robinson	Tel: 662-328-2286	
<b>WASTE TRANSPORTER #2</b> N/A		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Big Sky Environmental		
Address: 5100 Flat Top Road		
City: Adamsville	State: AL	Zip: 35005
Contact Person:	Tel: 662-793-4795	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: N/A	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b> N/A		
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:		
<b>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:</b>		
Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.		
<b>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.</b>		
Ron Robinson		09-07-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Ron Robinson		09-07-23
Type or Print Name	(Signature of Owner/Operator)	(Date)