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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 12/18/23	AI Number 1136
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>ORIGINAL</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>RENOVATION</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>MISS. BAPTIST Medical Center</u>				
Address: <u>1225 NORTH STATE STREET</u>				
City: <u>JACKSON</u>		State: <u>MS</u>	Zip: <u>39205</u>	
Site Location: <u>BASEMENT SHOP AREA</u>		Tel:		
Building Size: <u>7 STORIES</u>		# of Floors: <u>7</u>	Age In Years: <u>BUILT 1973</u>	
Present Use: <u>HOSPITAL</u>		Prior Use: <u>same</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>SAME AS ABOVE</u>				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
ASBESTOS REMOVAL CONTRACTOR: <u>M & M SERVICES, Inc</u>				
Address: <u>PO Box 68431</u>				
City: <u>JACKSON MS</u>		State: <u>MS</u>	Zip: <u>39286</u>	
Contact: <u>DALE MCGUFFIN</u>		Tel: <u>601-982-8695</u>		
Certification Number:		Expiration Date:		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>yes</u>		Inspection Date: <u>MULTIPLE YEARS</u>		
Inspector: <u>DENNIS MCGUFFIN</u>		Certification Number:		Expiration Date:
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>floor tile & MASTIC</u>				
VII. QUANTITY OF RACM TO BE REMOVED: <u>650 SF floor tile & MASTIC (1 Room)</u>				
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: <u>Jan 2, 2024</u> Complete: <u>Feb 28, 2024</u>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>" " " "</u> Complete: <u>June 1, 2024</u>				

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

Renovation for office space

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

build containment, wet removal & bagging

XIII. WASTE TRANSPORTER #1

same as contractor

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name:

Little Dixie Landfill

Address:

NORTH COUNTY Line Road

City:

JACKSON

State:

MS

Zip:

39208

Contact Person:

MIKE RALEY

Tel:

601-613-8670

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):

Description of the sudden unexpected event:

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

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:

STOP WORK. WET MATERIAL. NOTIFY OWNER.

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.

DALE MCGUFFIE

Type or Print Name

Dale McGuffie

(Signature of Owner/Operator)

12-18-2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DALE MCGUFFIE

Type or Print Name

Dale McGuffie

(Signature of Owner/Operator)

12-18-2023

(Date)