



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) 09-27-2024 EM	Date Received 09-30-2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input checked="" type="radio"/> R <input type="radio"/> O				
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: Cadence Bank				
Address: 15410 5th Street				
City: Gulfport		State: MS	Zip: 39503	
Site Location: Gulfport Gateway Branch Building; Offices 1, 2, 3, Entrance, Coffee Room, Rear Entry & Hallway			Tel: 228-832-4242	
Building Size: 8,000 S.F.		# of Floors: 1	Age in Years: Over 35	
Present Use: Bank		Prior Use: Bank		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Cadence Bank				
Address: P.O. Box 789				
City: Tupelo		State: MS	Zip: 38802	
Contact: Steve Moore			Tel: 662-680-2586	
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: 03-22-25	
OTHER OPERATOR: F & F Construction				
Address: 3180 Carrier St				
City: Memphis		State: TN	Zip: 38116	
Contact:			Tel: 901-398-1900	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 08-07-24	
Inspector: Ron Robinson		Certification Number: ABI-00001499	Expiration Date: 02-12-25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Roof Membrane on Plywood Deck, Window Caulking, Hard Tile & Grout, Textured Ceiling, Carpet Mastic, Rubber Base & Mastic, Floor Tile & Mastic, Gypsum Wall & Joint Compound, Ceramic Tile & Grout, Wall Covering, 2 x 2 Ceiling Tile, Concrete Plaster				
Environmental Hazard Services, PLM Method				
VII. QUANTITY OF RACM TO BE REMOVED: 2,400 S.F. Textured Spray-on Ceiling				
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: 10-11-24			Complete: 10-14-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-15-24			Complete: 12-16-24	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of asbestos containing materials using wet method		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Strip & Removal, Wet Method, Double Bagging, Containment, Negative Air		
XIII. WASTE TRANSPORTER #1		
Name: Waste Pro		
Address: 480 J M Tatum Industrial Drive		
City: Hattiesburg	State: MS	Zip: 39401
Contact Person:	Tel: 601-264-7888	
WASTE TRANSPORTER #2		
Name: N/A		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Pine Belt Regional Landfill		
Address: P.O. Box 389		
City: Petal	State: MS	Zip: 39465
Contact Person:	Tel: 601-545-6676	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: N/A	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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.		
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.		
Ron Robinson		09-30-24
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Ron Robinson		09-30-24
Type or Print Name	(Signature of Owner/Operator)	(Date)