MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

17	Complete: 06/09/17		06/01/17		WRENOVATION (MIN	IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:
17	Complete: 06/09/17		06/01/17		ESTOS REMOVAL (VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:
Cu M:	CuFt: C				nt	Vol RACM Off Facility Component
Sq M:	SqFt: Sqft s			14,000/14,000		Surface Area VAT/Mastic
Ln M:	LnFt:					Pipes
L.	UNIT	Category II	Category I	Removed	Removed	Category I ACM Not Removed Category II ACM Not Removed
nit of It Below	Indicate Unit of Measurement Below	iable stos al Not emoved	Nonfriable Asbestos Material Not To Be Removed	RACM To Be	OF ASBESTOS Removed	INCLUDING: 1. Regulated ACM to be Removed
expiration 1/11/2018	ABI #00002227 expiration	Marty Cooke ABI #0	2017.	16, 2017 & March 13,	s on February 1	Bulk Sample PLM Methods on February
TERIAL	E OF ASBESTOS MA	CT THE PRESENCE	TE, USED TO DETE	OD, IF APPROPRIA	ANALYTICAL METH	VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):
					Yes	Contact:
		Zip:		State:		City:
						Address:
						OTHER OPERATOR: n/a
	203	Tel: 901-507-1203				Contact: Dwight Grayson
		Zip: 38134	Z	State: TN		City: Memphis
						Address: 5280 Elmore Rd
				Abatement Services Inc.	ecialty Abateme	REMOVAL CONTRACTOR Specialty
	271	Tel: 662-429-5271				Contact: Bill Dahl
		zip: 38632	S	State: MS		City: Hernando
						Address: 5 E South St
				ols	County Schools	OWNER NAME: Desoto C
			er operator)	al contractor, and oth	dentify owner, remov	IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)
			Prior Use: School	Prior Use		Present Use: School
	-/-	Age in Years: 50+/-	ITS:	# of Floors:		Building Size unknown
	271	Tel: 662-429-5271			ughout	Site Location: Flooring Throughout
100		Zip: 38671	S	State: MS		City: Southaven
"lenolen"					Circle West	Address 7985 Southaven Circle West
Chy Million (1)				00	Elementary Sch	Bldg. Name: Hope Sullivan Elementary School
50,05			room number)	number and floor or	nclude building name	III. FACILITY DESCRIPTION (Include building name, number and floor or room number)
1/2 th		Renovation	=Emer. Renovation)	mo R=Renovation E	Demo O= Ordered Do	II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			riginal	celed A= Annual) O	al R=Revised C=Car	I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original
(MDEQ_use only)	Notification # (M	(MDEQ use only)	Date Received		Postmark	Operator Project #
		, Jackson, MS 39	5 E. Amite Street	MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201		Mail notification to:

(Date)	/	erator)	(Signature of Owner/Operator)	Type or Print Name
05/12/17	1	CORRECT		Dwight Grayson
(Date)		perator)		lype of Print Name
05/12/17	ľ		(Simplified of Junear)	Dwight Grayson
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 EXIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DUBING NORMAL BUSINESS HOURS.	THIS REGULATION THAT THE REQUIRE BUSINESS HOURS	ROVISIONS OF	DIVIDUAL TRAINED IN THE POLITION OR RENOVATION, AN	XVII. I CERTIFY THAT AN IN ONSITE DURING THE DEMO THIS PERSON WILL BE AVA
ed for an inspection	EQ will be call	m site, MD	All work will cease, workers removed from site, MDEQ will be called for an inspection	All work will cease,
) ASBESTOS IS FOUND OR PREVIOUSLY) POWDER:	THAT UNEXPECTE	IN THE EVENT ED, PULVERIZE	XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:	XVI. DESCRIPTION OF PRO NONFRIABLE ASTESTOS M
reasonable financial burden:	ment damage or an u	uld cause equip	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burd n/a	Explanation of how the event n/a
			expected event:	Description of the sudden unexpected event:
			(MM/DD/YY):	Date and Hour of Emergency (MM/DD/YY):
			OVATIONS: n/a	XV. FOR EMERGENCY RENOVATIONS:
n (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):			Date of Order (MM/DD/YY):
				Authority: n/a
	Title:			Name: n/a
CY BELOW:	IDENTIFY THE AGE	NCY, PLEASE	XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:	XIV. IF DEMOLITION ORDER
			901-331-7187	Tel: Carlton Gibson 90
	Zip:	State: MS		City: Robinsonville
			ã	Address: 6035 Bowdre Rd
			fill Waste Mgmt	Name: The Tunica Landfill Waste Mgmt
	2	aste Mgmt	XIII. WASTE DISPOSAL SITE The Tunica Landfill - Waste Mgmt	XIII. WASTE DISPOSAL SITE
	Tel:			Contact Person:
	Zip:	State:		City:
				Address:
				Name:
			n/a	WASTE TRANSPORTER #2 n/a
Tel: 901-331-7187	Te		ibson	Contact Person: Carlton Gibson
Zip: 38118	Zip	State: TN		City: Memphis
			dircle	Address: 3750 Hatcher Circle
			ent Memphis	Name: Waste Management Memphis
		Memphis	XII. WASTE TRANSPORTER #1 Waste Management Memphis	XII. WASTE TRANSPORTER
et methods and hand tools	te, containment, v	ıble bag wast	Negative pressure, critical barriers, hepa vac, double bag waste, containment, wet methods and hand	Negative pressure, critic
REVENT EMISSIONS OF ASBESTOS AT THE	S TO BE USED TO F	ING CONTROL	XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF DEMOLITION OR RENOVATION SITE:	XI. DESCRIPTION OF WORK
BE USED:	AND METHOD(S) TO	ATION WORK,	X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:	X. DESCRIPTION OF PLAN

(Date)	(Signature of Owner/Operator)	Type or Print Name
05/12/17	THE ABOVE INFORMATION IS CORRECT.	Dwight Grayson
	RE INECORNATION IS CORRECTED	
(Date)	(Signature of Owner/Operator)	Type or Print Name
HOURS. 05/12/17	LE FOR INSPECTION DURING NORMAL BUSINESS	THIS PERSON WILL BE AVAILABI
LATION (40 CFR PART 61, SUBPART M) WILL BE EQUIRED TRAINING HAS BEEN ACCOMPLISHED BY	XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART ONSITE DURING THE DEMOLITION OR RENOVATION, AND EXIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCO	XVII. I CERTIFY THAT AN INDIVID ONSITE DURING THE DEMOLITIC
e called for an inspection	All work will cease, workers removed from site, MDEQ will be called for an inspection	All work will cease, wor
XPECTED ASBESTOS IS FOUND OR PREVIOUSLY UCED TO POWDER:	XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:	XVI. DESCRIPTION OF PROCEDUNONFRIABLE ASTESTOS MATER
e or an unreasonable financial burden:	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: n/a	Explanation of how the event cause
	ed event:	Description of the sudden unexpected event:
	DD/YY):	Date and Hour of Emergency (MM/DD/YY):
	ions: n/a	XV. FOR EMERGENCY RENOVATIONS:
Date Ordered to Begin (MM/DD/YY):	Date Ordere	Date of Order (MM/DD/YY):
		Authority: n/a
	Title:	Name: n/a
IDENTIFY THE AGENCY BELOW:	XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY TH	XIV. IF DEMOLITION ORDERED B
	1-7187	Tel: Carlton Gibson 901-331-7187
Zip:	State: MS	City: Robinsonville
		Address: 6035 Bowdre Rd
	aste Mgmt	Name: The Tunica Landfill Waste Mgmt
	Tunica Landfill - Waste Mgmt	XIII. WASTE DISPOSAL SITE The
Tel:		Contact Person:
Zip:	State:	City:
		Address:
		Name:
		WASTE TRANSPORTER #2 n/a
Tel: 901-331-7187]	Contact Person: Carlton Gibson
zip: 38118	State: TN	City: Memphis
		Address: 3750 Hatcher Circle
	Viemphis	Name: Waste Management Memphis
	XII. WASTE TRANSPORTER #1 Waste Management Memphis	XII. WASTE TRANSPORTER #1
ment, wet methods and hand tools	Negative pressure, critical barriers, hepa vac, double bag waste, containment, wet methods and hand to	Negative pressure, critical ba
ED TO PREVENT EMISSIONS OF ASBESTOS AT THE	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT MOLITION OR RENOVATION SITE:	XI. DESCRIPTION OF WORK PRACTIC DEMOLITION OR RENOVATION SITE:
DD(S) TO BE USED:	X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of ACM using wet mehods and hand tools	x. DESCRIPTION OF PLANNED DE Removal of ACM usi