

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)				Original			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)				Renovation			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				Bldg. Name: Hope Sullivan Elementary School			
Address 7985 Southaven Circle West				City: Southaven			
State: MS				Zip: 38671			
Site Location: Flooring Throughout				Tel: 662-429-5271			
Building Size unknown				# of Floors:		Age in Years: 50+/-	
Present Use: School				Prior Use: School			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Desoto County Schools							
Address: 5 E South St							
City: Hernando				State: MS		Zip: 38632	
Contact: Bil Dahl				Tel: 662-429-5271			
REMOVAL CONTRACTOR Specialty Abatement Services Inc.							
Address: 5280 Elmore Rd							
City: Memphis				State: TN		Zip: 38134	
Contact: Dwight Grayson				Tel: 901-507-1203			
OTHER OPERATOR: n/a							
Address:							
City:				State:		Zip:	
Contact:							
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):							
Bulk Sample PLM Methods on February 16, 2017 & March 13, 2017. Marty Cooke ABI #00002227 expiration 1/1/2018							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed				Category I		Category II	
2. Category I ACM Not Removed							
3. Category II ACM Not Removed						UNIT	
Pipes						Ln Ft: Ln M:	
Surface Area VAT/Mastic		14,000/14,000				Sq Ft: sqft Sq M:	
Vol RACM Off Facility Component						Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				06/01/17		Complete: 06/09/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				06/01/17		Complete: 06/09/17	

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of ACM using wet methods and hand tools			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Negative pressure, critical barriers, hepa vac, double bag waste, containment, wet methods and hand tools			
XII. WASTE TRANSPORTER #1 Waste Management Memphis			
Name: Waste Management Memphis			
Address: 3750 Hatcher Circle			
City: Memphis		State: TN	Zip: 38118
Contact Person: Carlton Gibson		Tel: 901-331-7187	
WASTE TRANSPORTER #2 N/A			
Name:			
Address:			
City:		State:	Zip:
Contact Person:		Tel:	
XIII. WASTE DISPOSAL SITE The Tunica Landfill - Waste Mgmt			
Name: The Tunica Landfill Waste Mgmt			
Address: 6035 Bowdre Rd			
City: Robinsonville		State: MS	Zip:
Tel: Carlton Gibson 901-331-7187			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name: N/A		Title:	
Authority: N/A			
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS: 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: 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: All work will cease, workers removed from site, MDEQ will be called for an inspection			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE 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.			
Dwight Grayson		05/12/17	
(Signature of Owner/Operator)		(Date)	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
Dwight Grayson		05/12/17	
(Signature of Owner/Operator)		(Date)	
Type or Print Name		(Date)	