## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

	17	Complete: 6/3/17		05/26/17		ENOVATION (MM	IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:
•	17	Complete: 6/3/17		05/26/17		TOS REMOVAL (N	VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:
	Cu M:	CuFt:					Vol RACM Off Facility Component
	Sq M:	SqFt:					Surface Area
	Ln M: fittings	LnFt: each			350		Pipes
	UNIT	c	Category II	Category I	Removed	noved moved	2. Category II ACM Not Removed 3. Category II ACM Not Removed 3. Category II ACM Not Removed
	Indicate Unit of Measurement Below	Indicate Measuren	Nonfriable Asbestos Material Not To Be Removed	Nonfriable Asbestos Material Not To Be Remove	RACM	ASBESTOS	무귀
	expiration 1/21/2017	227 expiration	ce ABI #00002227	6. Marty Cooke	nber 16, 2016.	of inspection): ods on Nove	(Include inspector name and date of inspection): Bulk Sample PLM Methods on November
	STOS MATERIAL		USED TO DETECT THE PRESENCE OF ASBE	TE. USED TO DETE	D IF APPROPRIA	S/No) Yes	V. IS ASBESTOS PRESENT? (Yes/No) Yes VI PROCEDITE INCLUDING ANALYTICAL METHOD IF APPROPRIATE.
							Contact:
			Zip:		State:		City:
					-		Address:
							OTHER OPERATOR: n/a
		03	Tel: 901-507-1203				Contact: Dwight Grayson
			Zip: 38134	2	State: TN		City: Memphis
							Address: 5280 Elmore Rd
					t Services Inc.	alty Abatement Services	REMOVAL CONTRACTOR Specialty
		71	Tel: 662-429-5271				Contact: Bill Dahl
			zip: 38632	S	State: MS		City: Hernando
							Address: 5 E South St
					S	County Schools	OWNER NAME: Desoto Col
				er operator)	contractor, and oth	tify owner, removal	IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)
				Prior Use: School	Prior Use		Present Use: School
			Age in Years: 50+/-	rs:	# of Floors:		Building Size unknown
			Tel: 662-429-5271			Piping throughout	chanical
The same of the sa		:	Zip: 38671		State: MS		City: Southaven
0	100						Address 8274 Claiborne Dr
405	Solio					entary School	Bldg. Name: Southaven Elementary School
	001.01			room number)	umber and floor or	de building name, r	III. FACILITY DESCRIPTION (Include building name, number and floor or room number)
S.	NA NA		Renovation	Emer. Renovation)	o R=Renovation E=	o O= Ordered Dem	II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation
5	3			iginal	led A= Annual) Or	=Revised C=Cance	I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original
	(MDEQ_use only)	Notification # (	(MDEQ use only)	Date Received		Postmark	Operator Project #

(Date)	•	(Signature of Owner/Operator)	Type or Print Name
05/12/17	H.	THE ABOVE INFORMATION IS CORRECT.	XVIII. I CERTIFY THAT THE Dwight Grayson
(Date)	ır)	(Signature of Owner/Operator)	Type or Print Name
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 EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR MISPECTION DURING NORMAL BUSINESS HOURS.  Dwight Grayson  05/12/17	ISIONS OF THIS REGULATION IDENCE THAT THE REQUIRES HOUR BUSINESS HOUR BU	IDIVIDUAL TRAINED IN THE PROVI OLITION OR REMOVATION, AND EX AILABLE FOR NISPECTION DURING	XVII. I CERTIFY THAT AN IN ONSITE DURING THE DEM THIS PERSON WILL BE AV Dwight Grayson
illed for an inspection	ite, MDEQ will be ca	All work will cease, workers removed from site, MDEQ will be called for an inspectio	All work will cease,
TED ASBESTOS IS FOUND OR PREVIOUSLY	PULVERIZED, OR REDUCED	XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND C NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:	XVI. DESCRIPTION OF PRO NONFRIABLE ASTESTOS N
unreasonable financial burden:	ause equipment damage or an	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 n/a
		expected event:	Description of the sudden unexpected event:
		(MM/DD/YY):	Date and Hour of Emergency (MM/DD/YY):
		NOVATIONS: n/a	XV. FOR EMERGENCY RENOVATIONS:
Date Ordered to Begin (MM/DD/YY):	Date Ordered to B		Date of Order (MM/DD/YY):
			Authority: n/a
	Title:		Name: N/a
ENCY BELOW:	, PLEASE IDENTIFY THE AG	XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:	XIV. IF DEMOLITION ORDE
		901-331-7187	Tel: Carlton Gibson 90
Zip:	State: MS	S	City: Robinsonville
		3	Address: 6035 Bowdre Rd
		fill Waste Mgmt	Name: The Tunica Landfill Waste Mgmt
	e Mgmt	EThe Tunica Landfill - Waste Mgmt	XIII. WASTE DISPOSAL SITE
Tel:			Contact Person:
Zíp:	State: 2	S	City:
			Address:
			Name:
		n/a	WASTE TRANSPORTER #2 n/a
Tel: 901-331-7187		ibson	Contact Person: Carlton Gibson
zip: 38118	State: TN Z		City: Memphis
		Dircle	Address: 3750 Hatcher Circle
		ent Memphis	Name: Waste Management Memphis
	nphis	XII. WASTE TRANSPORTER #1 Waste Management Memphis	XII. WASTE TRANSPORTER
, wet methods and hand tools	bag waste, containment	Negative pressure, critical barriers, hepa vac, double bag waste, containment, wet methods and hand	Negative pressure, critic
Removal of ACM using wet mehods 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:	CONTROLS TO BE USED TO	Removal of ACM using wet mehods and hand tools escription of work practices and engineering controls to outling or renovation site:	XI. DESCRIPTION OF WORLDEMOLITION OR RENOVAL
O BE USED:	N WORK, AND METHOD(S)	X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:	X. DESCRIPTION OF PLAN

(Date)		perator)	(Signature of Owner/Operator)	Type or Print Name
05/12/17		PRECT:	E ABOVE INFORMATION IS CORRECT.	XVIII. I CERTIFY THAT THE ABOVE INFORMAT  Dwight Grayson
(Date)		perator)	(Signature of Oluge //Operator)	Type or Print Name
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lled for an inspection	IDEQ will be ca	om site, N	All work will cease, workers removed from site, MDEQ will be called for an inspection	All work will cease
ED ASBESTOS IS FOUND OR PREVIOUSLY TO POWDER:	ENT THAT UNEXPECT RIZED, OR REDUCED	D IN THE EVE LED, PULVER	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 PRONONFRIABLE ASTESTOS I
unreasonable financial burden:	uipment damage or an	ould cause eq	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:	Explanation of how the even n/a
	ı	·	nexpected event:	Description of the sudden unexpected event:
			y (MM/DD/YY):	Date and Hour of Emergency (MM/DD/YY):
			NOVATIONS: N/a	XV. FOR EMERGENCY RENOVATIONS:
₃gin (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):			Date of Order (MM/DD/YY):
				Authority: N/a
	Title:			Name: n/a
ENCY BELOW:	SE IDENTIFY THE AGI	ENCY, PLEAS	XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:	XIV. IF DEMOLITION ORDE
			01-331-7187	Tel: Carlton Gibson 901-331-7187
Zip:		State: MS		City: Robinsonville
			Rd	Address: 6035 Bowdre Rd
			dfill Waste Mgmt	Name: The Tunica Landfill Waste Mgmt
	rt 	Waste Mgmt	XIII. WASTE DISPOSAL SITE The Tunica Landfill - W	XIII. WASTE DISPOSAL SIT
Tel:	1			Contact Person:
Zip:	Z	State:		City:
				Address:
				Name:
			2n/a	WASTE TRANSPORTER #2 n/a
Tel: 901-331-7187			Sibson	Contact Person: Carlton Gibson
zip: 38118		State: TN		<sub>City:</sub> Memphis
			Circle	Address: 3750 Hatcher Circle
			nent Memphis	Name: Waste Management Memphis
		Memphis	TRANSPORTER #1 Waste Management Memphis	XII. WASTE TRANSPORTE
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O BE USED:	K. AND METHOD(S) T	/ATION WOR	X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:	X. DESCRIPTION OF PLAN