

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 Revision #1 (R1)				
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: Olive Branch Intermediate School				
Address 8631 Pigeon Roost Rd				
City: Olive	State: MS	Zip: 38654		
Site Location: Phase 1 Flooring Phase II Windows		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: Bill 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. Marty Cooke ABI #00002227 expiration 1/11/2018				
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 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT
Pipes	122 windows	Phase II		Ln Ft: each Ln M:
Surface Area VAT/Mastic Phase 1	14,000/14,000	Phase I		Sq Ft: sqft Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/26/17 Ph 1 ends 6/5				Complete: 7/15/17 8/1/17 R1
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/26/17 Phase II ends 8/1				Complete: 7/15/17 8/1/17 R1

R1

R1

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 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.

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

05/12/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

05/12/17

(Date)