

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) Dorchester Apartments				
Bldg. Name: Dorchester Apts Units 2C, 4C, 6C & 8C				
Address 1725 Dorchester Dr				
City: Southaven	State: MS	Zip: 38671		
Site Location: Interior	Tel: 855-333-4236			
Building Size unknown	# of Floors: 2	Age in Years: 50+/-		
Present Use: apartments	Prior Use: apartments			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Dorchester Apartments				
Address: 1725 Dorchester Dr				
City: Southaven	State: MS	Zip: 38671		
Contact: Ray Keech	Tel: 855-333-4236			
REMOVAL CONTRACTOR Specialty Abatement Services Inc.				
Address: 5280 Elmore Rd				
City: Memphis	State: TN	Zip: 38134		
Contact: Dwight Grayson	Tel: 9015071203			
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):				
PLM Methods/Bulk Sampling Chris Pearson 8/8/17				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area Ceiling Txt/VAT/Mas	4400			Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/15/17				
Complete: 9/30/17				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/15/17				
Complete: 9/30/17				

RECEIVED

SEP - 6 - 2017

Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

All work will be performed 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:

Critical Barriers, containment, wet methods, hand tools, double bag waste, hepa vac, negative pressure

XII. WASTE TRANSPORTER #1 **SASI**

Name: **Specialty Abatement Services Inc.**

Address: **5280 Elmore Rd**

City: **Memphis**

State: **TN**

Zip: **38134**

Contact Person: **Dwight Grayson**

Tel: **9015071203**

WASTE TRANSPORTER #2 **WM**

Name: **Waste Management**

Address: **3750 Hatcher Circle**

City: **Memphis**

State: **TN**

Zip:

Contact Person: **Carlton Gibson**

Tel: **9013317187**

XIII. WASTE DISPOSAL SITE **WM-TUN**

Name: **The Tunica Landfill - Waste Mgmt**

Address: **6035 Bowdre Rd**

City: **Robinsonville**

State: **MS**

Zip:

Tel: **9013317187**

XIV. 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):

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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, 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)

09/01/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

09/01/2017

(Date)