

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) Rolling Hills Homes				
Bldg. Name: Unit CH-7				
Address 100 Charlie Harris Dr				
City: Water Valley	State: MS	Zip: 38965		
Site Location: Interior		Tel: 662-473-2801		
Building Size unknown	# of Floors: unknown	Age in Years: 60+/-		
Present Use: housing	Prior Use: housing			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Water Valley Housing Authority				
Address: P.O. Box 604				
City: Water Valley	State: MS	Zip: 38965		
Contact: Johnny Hughes		Tel: 662-473-2801		
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 sampling using PLM methods - O&M plan on site				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area VAT & Mastic	1080sf/1080sf			Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/26/18		Complete: 3/28/18		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/26/18		Complete: 3/28/18		

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 Dept. of Environmental Quality

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

hand tools, wet methods and chemical stripper

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Negative pressure, containment, critical barriers, hepa vac, double bag waste, hand tools, wet methods

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services, Inc.

Address: 5280 Elmore Rd

City: Memphis

State: TN

Zip: 38134

Contact Person: Dwight Grayson

Tel: 901-507-1203

WASTE TRANSPORTER #2 n/a

Name: n/a

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip:

Tel: 901-331-7187 Carlton Gibson

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): n/a

Description of the sudden unexpected event: n/a

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

all work will cease, workers will be removed from the 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)

3/12/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

3/12/18

(Date)