

# 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 <b>Revised (R)</b>			
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) Hope Sullivan Elementary School			
Bldg. Name: Hope Sullivan Elementary School Main Classroom Building			
Address 7985 Southaven Circle West			
City: Southaven	State: MS	Zip: 38671	
Site Location: Single Classroom/Interior		Tel: 662-429-5271	
Building Size unknown	# of Floors: unknown	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 sampling using plm methods Marty Cooke ABI#00002227 exp01/18/19			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			
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	
		Category I	Category II
		UNIT	
Pipes			
Surface Area Floor Tile & Mastic	1000sf/1000sf		
Vol RACM Off Facility Component			
		Ln Ft:	Ln M:
		Sq Ft:	Sq M:
		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/25/18 5/29/18		Complete: 05/30/18 6/1/18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/25/18 5/29/18		Complete: 05/30/18 6/1/18	

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MAY 29 2018  
Dept. of Environmental Quality

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

floor tile and mastic to be removed using hand tools and wet methods

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, negative pressure, double bag waste, hepa vac, 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

Name: Waste Management Memphis

Address: 3750 Hatcher Circle

City: Memphis

State: TN

Zip: 38118

Contact Person: Carlton Gibson

Tel: 901-331-7187

XIII. WASTE DISPOSAL SITE

Name: Waste Management The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip:

Tel: 901-331-7187

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:

Date and Hour of Emergency (MM/DD/YY): N/A

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

all work will cease, workers will be removed from site, mdeq will be called for 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)

05/11/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

05/11/2018

(Date)