

# 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) <b>Original</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>University of MS South Oxford Center</b>				
Bldg. Name: <b>Film Production Center</b>				
Address <b>304 University Circle</b>				
City: <b>University</b>	State: <b>MS</b>	Zip: <b>38677</b>		
Site Location: <b>Interior</b>		Tel: <b>662-915-7211</b>		
Building Size <b>unknown</b>	# of Floors: <b>2</b>	Age in Years: <b>60+/-</b>		
Present Use: <b>classroom building</b>	Prior Use: <b>unknown</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>MS Bureau of Building Grounds and Real Property Management</b>				
Address: <b>501 North West St</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39201</b>		
Contact: <b>Christian Reed</b>		Tel: <b>662-844-4400</b>		
REMOVAL CONTRACTOR <b>Specialty Abatement Services Inc.</b>				
Address: <b>5280 Elmore Rd</b>				
City: <b>Memphis</b>	State: <b>TN</b>	Zip: <b>38134</b>		
Contact: <b>Dwight Grayson</b>		Tel: <b>9015071203</b>		
OTHER OPERATOR: <b>GC - DCS</b>				
Address:				
City:	State: <b>TN</b>	Zip: <b>38118</b>		
Contact: <b>Russ Shows</b>		<b>662-638-3498</b>		
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>Bulk Sampling PLM Methods</b>		<b>10/22/2018 Lamar Gilliland</b>		
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				Ln Ft:      Ln M:
Surface Area <b>VAT/Mastic</b>	<b>4000/4000</b>			Sq Ft:      Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9/3/19</b>		Complete: <b>9/7/19</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>TBD</b>		Complete:		

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

**Removal of VAT/Mastic 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:**

wet methods, hand tools, splashguard containment, negative pressure, double bag waste

**XII. WASTE TRANSPORTER #1 SASI**

Name: SASI

Address: 5280 Elmore Rd

City: Memphis

State: TN

Zip: 38134

Contact Person: Dwight Grayson

Tel: 9015071203

**WASTE TRANSPORTER #2 Waste Management**

Name: WM Memphis

Address: 3750 Hatcher Circle

City: Memphis

State: TN

Zip:

Contact Person: Carlton Gibson

Tel: 9013317187

**XIII. WASTE DISPOSAL SITE WM The Tunica Landfill**

Name: The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip:

Tel: Carlton Gibson

**XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name: n/a

Title: n/a

Authority: n/a

Date of Order (MM/DD/YY): n/a

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 CRUMBLED, 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)

8/16/19

(Date)

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

8/16/19

(Date)