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

Dates approved by Tommy Moody via Marty Cook

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) Oak Grove Elementary School

RECEIVED SEP 23 2019 Dept. of Environmental Quality

Bldg. Name: Main Building Room 8

Address 893 Oak Grove Rd

City: Hernando	State: MS	Zip: 38632
Site Location: Interior Rm 8		Tel: 662-429-5271
Building Size unknown	# of Floors:	Age in Years: 50+/-
Present Use: Classroom	Prior Use: Classroom	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Desoto County Schools

Address: 5 East South St

City: Hernando	State: MS	Zip: 38632
Contact: Jeff Davis		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 PLM Methods Insp: Marty Cook 9/17/19

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		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area VAT/Carpet Adhesive	10sf/760sf			SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/27/19 Complete: 9/29/19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/27/19 Complete: 9/29/19

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

removal of VAT/adhesive using hand tools and wet methods along with liquid adhesive remover

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

splashguard containment, negative pressure, critical barriers, wet methods, hand tools, hepa vac, double bag/wrap waste

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: 901-507-1203

WASTE TRANSPORTER #2 WM Memphis

Name: Waste Management

Address: 3750 Hatcher Circle

City: Memphis	State: TN	Zip: 38118
Contact Person: Carlton Gibson		Tel: 901-331-7187

XIII. WASTE DISPOSAL SITE WM The Tunica Landfill

Name: WM The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville	State: MS	Zip: 38664

Tel: 866-909-4458

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):

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

All work will cease, workers will be 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)

9/20/19 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson — Type or Print Name

(Signature of Owner/Operator)

9/20/19 — (Date)