

# 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>Oak Grove Elementary School</b>  |                              |   |                                |                                       |
| Bldg. Name: <b>Main Building Room 8</b>  |                              |   |                                |                                       |
| Address <b>893 Oak Grove Rd</b>  |                              |   |                                |                                       |
| City: <b>Hernando</b>  | State: <b>MS</b>             | Zip: <b>38632</b>                                       |                                |                                       |
| Site Location: <b>Teachers Work Rooms</b>  |                              | Tel: <b>662-429-5271</b>                                |                                |                                       |
| Building Size <b>unknown</b>   | # of Floors:                 | Age in Years: <b>50+/-</b>                              |                                |                                       |
| Present Use: <b>Classrooms</b>   | Prior Use: <b>Classrooms</b> |   |                                |                                       |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)  |                              |   |                                |                                       |
| OWNER NAME: <b>Desoto County Schools</b>   |                              |   |                                |                                       |
| Address: <b>5 East South St</b>  |                              |   |                                |                                       |
| City: <b>Hernando</b>  | State: <b>MS</b>             | Zip: <b>38632</b>                                       |                                |                                       |
| Contact: <b>Jeff Davis</b>   |                              | Tel: <b>662-429-5271</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>901-507-1203</b>                                |                                |                                       |
| OTHER OPERATOR: <b>n/a</b>   |                              |   |                                |                                       |
| Address:   |                              |   |                                |                                       |
| City:  | State:                       | Zip:  |                                |                                       |
| Contact:   |                              |   |                                |                                       |
| V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>  |                              |   |                                |                                       |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL<br>(Include inspector name and date of inspection): |                              |   |                                |                                       |
| <b>Bulk sampling PLM Methods Insp: Marty Cook 10/5/2020</b>  |                              |   |                                |                                       |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:   |                              |   |                                |                                       |
| <ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>  | RACM<br>To Be<br>Removed     | Nonfriable<br>Asbestos<br>Material Not<br>To Be Removed |                                | Indicate Unit of<br>Measurement Below |
|  |                              | Category I  | Category II                    | UNIT                                  |
| Pipes  |                              |   |                                | Ln Ft:      Ln M:                     |
| Surface Area <b>VAT/Mastic</b>   | <b>900sf/900sf</b>           |   |                                | Sq Ft:      Sq M:                     |
| Vol RACM Off Facility Component  |                              |   |                                | Cu Ft:      Cu M:                     |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>12/18/20</b>   |                              |   |                                |                                       |
| Complete: <b>12/21/20</b>  |                              |   |                                |                                       |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>12/18/20</b>  |                              |   |                                |                                       |
| Complete: <b>12/21/20</b>  |                              |   |                                |                                       |

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

**removal of VAT/mastic using hand tools and wet methods along with liquid mastic 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 ASBESTOS MATERIAL BECOMES CRUMBLER, 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)

12/3/20

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

12/3/20

(Date)