

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Rev#4 Rev#3

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Cancelled A=Annual) Original		Revision # 1	(RT) Revision # 2 (R2)		
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) Lafayette County Middle School P.E. Building					
Bldg. Name: Physical Education Building					
Address: 400 Commodore Dr					
City: Oxford	State: MS	Zip: 38656			
Site Location: Interior		Tel: 662-840-8062			
Building Size: unknown	# of Floors: unknown	Age in Years: 60+/-			
Present Use: P.E. Bldg	Prior Use: P.E. Bldg				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Lafayette County School District					
Address: 100 Commodore Dr					
City: Oxford	State: MS	Zip: 38655			
Contact: Dr Adam Pugh		Tel: 662-840-8082			
REMOVAL CONTRACTOR: Specialty Abatement Services Inc.					
Address: 5280 Elmore Rd					
City: Memphis	State: TN	Zip: 38134			
Contact: Dwight Grayson		Tel: 9015071209			
OTHER OPERATOR (GC) Barnes & Brower, Inc.					
Address: 3787 Old Getwell Rd					
City: Memphis	State: TN	Zip: 38118			
Contact: Jeff Barnes					
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		10/19/2020 Willie Nester			
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	Non-Regulated Asbestos Material not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft EACH	Ln Ft
Surface Area VAT	6,000			Sq Ft SOFT	Sq Ft
Vol RACM Off Facility Component				Cu Ft	Cu Ft
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/21/2020 / 1/7/2021 Complete: 1/20/2021					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/22/2020 / 1/7/2021 Complete: 1/20/2021					

R2 R4

1/12/21  
1/12/21  
1/20/21  
1/20/21

R4



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

Removal of ACM using hand tools and wet methods

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, glove bag methods

XII. WASTE TRANSPORTER #1 SASI

Name: SASI

Address: 5280 Elmore Rd

City: Memphis

State: TN

Zip: 38134

Contact Person: Dwight Grayson

Tel: 9015971203

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/YYYY): n/a

Date Ordered to Begin (MM/DD/YYYY):

XV. FOR EMERGENCY RENOVATIONS: n/a

Date and Hour of Emergency (MM/DD/YYYY): 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 CRUMBLING, 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 B) WILL BE ON-SITE 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)

11/18/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

11/18/2020

(Date)

Handwritten signatures and dates: R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, R35, R36, R37, R38, R39, R40, R41, R42, R43, R44, R45, R46, R47, R48, R49, R50, R51, R52, R53, R54, R55, R56, R57, R58, R59, R60, R61, R62, R63, R64, R65, R66, R67, R68, R69, R70, R71, R72, R73, R74, R75, R76, R77, R78, R79, R80, R81, R82, R83, R84, R85, R86, R87, R88, R89, R90, R91, R92, R93, R94, R95, R96, R97, R98, R99, R100. Dates include 11/18/2020, 12/2/20, 12/8/2020, 12/13/2020, 12/17/20, 1/4/2021.