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# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 6/14/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original <b>Revision 1 (R1)</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): Walnut High School Portable Bldg				
Bldg. Name: Walnut High School Portable Bldg				
Address: 280 Commerce St				
City: Walnut		State: MS	Zip: 38683	
Site Location: Portable Bldg			Tel: 662-223-6471	
Building Size:		# of Floors:	Age in Years: 50 +/-	
Present Use: vacant		Prior Use: classroom		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: North Tippah School District				
Address: 20821 Highway 15				
City: Faulkner		State: MS	Zip: 38629	
Contact: Jennifer Stroupe			Tel: 662-837-8450	
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.				
Address: P.O. Box 343012				
City: Memphis		State: TN	Zip: 38184-3012	
Contact: William Stamps			Tel: 901-507-1203	
Certification Number:			Expiration Date:	
OTHER OPERATOR: n/a				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 06/09/2021	
Inspector: Marty Cook		Certification Number: ABI-00002227	Expiration Date: 01/19/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Bulk sampling using PLM Methods				
VII. QUANTITY OF RACM TO BE REMOVED: VAT/Mastic				
Pipes (LN FT): n/a		Surface Area (SQ FT): 1600/1600	Volume of Facility Components (CU FT): n/a	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: n/a				
Category I: n/a			Category II: n/a	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/15/2022 6/21/22 Complete: 06/17/2022 6/24/22				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06/15/2022 6/21/22 Complete: 06/17/2022 6/24/22				

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

Removal of ACM using hand tools and wet methods

XII. 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, hand tools, chemical stripper, double bag waste

XIII. WASTE TRANSPORTER #1 SASI

Name: SASI Memphis

Address: 4009 Broadway Rd

City: Bartlett

State: TN

Zip: 38135

Contact Person: Dwight Grayson

Tel: 901-507-1203

WASTE TRANSPORTER #2 Waste Management Memphis

Name: Waste Management Memphis

Address: 3750 Hatcher Circle

City: Memphis

State: TN

Zip: 38118

Contact Person: Carlton Gibson

Tel: 901-331-7187

XIV. WASTE DISPOSAL SITE WM The Tunica Landfill

Name: WM The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip:

Contact Person: Carlton Gibson

Tel: 901-331-7187

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

Name: n/a

Title:

Authority: n/a

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

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

XVI. 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

XVII. 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 an inspection

XVIII. 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.

William Stamps

Type or Print Name

(Signature of Owner/Operator)

06/01/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Amy Adams

Type or Print Name

(Signature of Owner/Operator)

06/01/2022

(Date)

RI with 06/14/22  
RI with 06/14/22