

"REV"

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		REVISION #1 (R1)		
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation		REVISION #2 (R2)		
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: PSP, Inc. (former hotel bldg)				
Address: 900 East Commerce St				
City: Hernando	State: MS	Zip: 38632		
Site Location: Interior & exterior		Tel: 901-212-4563		
Building Size: unknown	# of Floors:	Age in Years: 60+/-		
Present Use: vacant	Prior Use: hotel			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: PPS, Inc.				
Address: 900 E Commerce St				
City: Hernando	State: MS	Zip: 38632		
Contact: Sunita Pareek		Tel: 901-212-4563		
REMOVAL CONTRACTOR Specialty Abatement Services Inc.				
Address: P.O Box 343012				
City: Memphis	State: TN	Zip: 38184-3012		
Contact: William Stamps		Tel: 9018497711		
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		Marvinetta M. Cooper ABI - Chester Ervin 04/27/2022 00010385		
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				Ln Ft: Ln M:
Surface Area Cig Spray/VAT/Mastic	16,560/200/200			Sq Ft: X Sq M:
Vol RACM Off Facility Component		06/10/2022		Cu Ft: Cu M: 7/16/22
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/03/2022		Complete: 07/01/2022		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06/03/2022		Complete: 07/01/2022		

R1

RD

06/10/2022

7/16/22

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

Removal of acm 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, containment, negative pressure, double bag waste

XII. WASTE TRANSPORTER #1 SASI

Name: SASI

Address: 4009 Broadway Rd

City: Bartlett

State: TN

Zip: 38135

Contact Person: Dwight Grayson

Tel: 9018497711

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.

William Stamps

05/20/2022

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

William Stamps

05/20/2022

Type or Print Name

(Signature of Owner/Operator)

(Date)

R1 WJH 06/02/2022
R2 WJH 06/28/2022
R1 G Adams 06/02/2022
R2 G Adams 06/28/2022