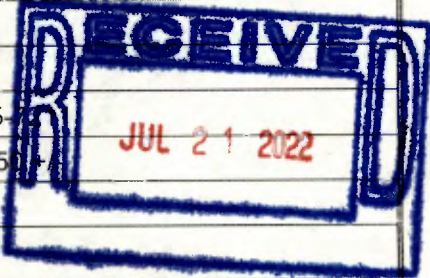


"Def"

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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 7/21/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original			
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): Water Valley Housing Authority CH			
Bldg. Name: Charlie Harris Homes Unit CH23			
Address: 100 Charlie Harris Drive			
City: Water Valley	State: MS	Zip: 38965	
Site Location: Interior		Tel: 662-915-	
Building Size:	# of Floors:	Age in Years: 5	
Present Use: vacant	Prior Use: housing		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Water Valley Housing Authority			
Address: P.O. Box 604			
City: Water Valley	State: MS	Zip: 38965	
Contact: Johnnie Hughes	Tel: 662-473-2801		
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: ABC00001660	Expiration Date: 10/20/2022		
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 1980's		Inspection Date: 1980's Presumed Positive	
Inspector: Unknown 1980's	Certification Number: n/a	Expiration Date: n/a	
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: 950 sqft VAT & 950 sqft Mastic			
Pipes (LN FT): n/a	Surface Area (SQ FT): 950/950	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: 08/01/2022		Complete: 08/2/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 08/01/2022		Complete: 08/2/2022	

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

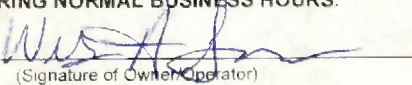
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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)

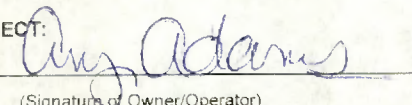
07/18/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Amy Adams

Type or Print Name


(Signature of Owner/Operator)

07/18/2022

(Date)