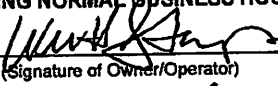
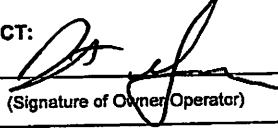


MAP

# 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 2-21-23	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): Walls Elementary School				
Bldg. Name: Main Bldg Hallway				
Address: 6131 Delta View Rd				
City: Walls		State: MS	Zip: 38680	
Site Location: Interior			Tel: 662-429-5271	
Building Size:		# of Floors:	Age in Years: 50 +/-	
Present Use: Hallway		Prior Use: Hallway		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Desoto County Schools				
Address: 5 East South St				
City: Hernando		State: MS	Zip: 38632	
Contact: Jeff Harris			Tel: 662-429-5271	
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: 01/19/2023	
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: 01/06/2023	
Inspector: Willie Nester		Certification Number: APB-00002090	Expiration Date: 12/02/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Flooring, Bulk sampling using PLM methods				
VII. QUANTITY OF RACM TO BE REMOVED: 500 sqft VAT, 500 sqft Mastic				
Pipes (LN FT): n/a		Surface Area (SQ FT): 1000 sf	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: 03/07/2023			Complete: 03/11/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/07/2023			Complete: 03/11/2023	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Removal of ACM using hand tools and wet methods		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Containment, negative pressure, hand tools, chemical stripper, double bag waste		
<b>XIII. WASTE TRANSPORTER #1</b> SASI		
Name: SASI Memphis		
Address: 4009 Broadway Rd		
City: Bartlett	State: TN	Zip: 38135
Contact Person: Dwight Grayson	Tel: 901-507-1203	
<b>WASTE TRANSPORTER #2</b> 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	
<b>XIV. WASTE DISPOSAL SITE</b> 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	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: n/a	Title:	
Authority: n/a		
Date of Order (MM/DD/YY): n/a	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b> 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		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:</b>		
All work will cease, workers will be removed from site, MDEQ will be called for an inspection		
<b>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.</b>		
William Stamps		2/21/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Dwight Grayson		2/21/23
Type or Print Name	(Signature of Owner/Operator)	(Date)