

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 04-15-2024	AI Number 37503
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Revision #1			
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): University of Mississippi			
Bldg. Name: Shoemaker Hall Lab 331 & 329B			
Address: 30 University Ave			
City: University	State: MS	Zip: 38677	
Site Location: Interior Classrooms (2)		Tel: 901-239-3710	
Building Size: Unknown	# of Floors:	Age in Years: 50 +/-	
Present Use: Classroom Building	Prior Use: Classroom Bldg		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: MS Bureau of Building Grounds and Real Property Mgmt			
Address: 501 North West St			
City: Jackson	State: MS	Zip: 39201	
Contact: Jeff Witt	Tel: 901-239-3710		
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.			
Address: P.O. Box 343012			
City: Memphis	State: TN	Zip: 38184-3012	
Contact: Dwight Grayson	Tel: 901-507-1203		
Certification Number: ABC0001660	Expiration Date: 02/23/2025		
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: 09/26/2023	
Inspector: Lamar Gilliland	Certification Number: ABI-00001036	Expiration Date: 02/07/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Plaster, Sink Soundproofing, Pipe Insulation, Fume Hood, Flooring			
Bulk sampling using PLM methods			
VII. QUANTITY OF RACM TO BE REMOVED: 850 sqft VAT, 850 sqft Mastic			
Pipes (LN FT): n/a	Surface Area (SQ FT): 1700 sf	Volume of Facility Components (CU FT): n/a	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 1 Sink, 1 Transite lined fumehood			
Category I: n/a	Category II: 1 sink, 1 fumehood		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/01/24		Complete: 05/03/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/01/24		Complete: 05/03/2024	

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:

Containment, negative pressure, hand tools, chemical stripper, double bag waste, hepa vac

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

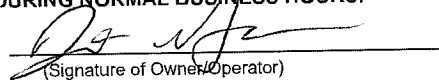
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

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.

Dwight Grayson

Type or Print Name


(Signature of Owner/Operator)

04/16/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

William Stamps

Type or Print Name


(Signature of Owner/Operator)

04/16/2024

(Date)