

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				
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 Complex				
Bldg. Name: HH-32				
Address 400 Blackmur Dr				
City: Water Valley	State: MS	Zip: 38965		
Site Location: Interior		Tel: 662-915-7211		
Building Size: unknown	# of Floors: unknown	Age in Years: 60+/-		
Present Use: housing	Prior Use: housing			
IV. FACILITY INFORMATION (Identify owner, 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		
REMOVAL CONTRACTOR Specialty Abatement Services Inc.				
Address: 5280 Elmore Rd				
City: Memphis	State: TN	Zip: 38134		
Contact: Dwight Grayson		Tel: 9015071203		
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		O&M Plan On Site		
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 VAT/Mastic	600/600			Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/11/21		Complete: 03/13/21		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/11/21		Complete: 03/13/21		

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

Removal of VAT/Mastic 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, splashguard containment, negative pressure, double bag waste

XII. WASTE TRANSPORTER #1 **SASI**

Name: **SASI**

Address: **5280 Elmore Rd**

City: **Memphis**

State: **TN**

Zip: **38134**

Contact Person: **Dwight Grayson**

Tel: **9015071203**

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 CRUMBLER, 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.

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

02/25/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

02/25/2021

(Date)