MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark email	Date Received (MDEQ use only) 6/2/22	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

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 Chester Ervin 04/27/2022

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				LnFt:	Ln M:
Surface Area ClgSpray/VAT/Mastic	16,560/200/200			SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: ~~06/03/2022~~ 06/10/2022 Complete: 07/01/2022

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: ~~06/03/2022~~ 06/10/2022 Complete: 07/01/2022

R1

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 ASTESTOS 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) RI 06/02/2022 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

William Stamps — 05/20/2022

Type or Print Name (Signature of Owner/Operator) RI 06/02/2022 (Date)