
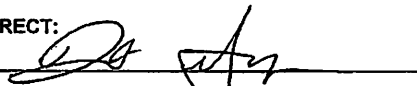


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 1/4/23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Revision #2				
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 HH 0				
Bldg. Name: Water Valley Housing Authority HH 0				
Address: 300 Blackmur Dr				
City: Water Valley		State: MS	Zip: 38965	
Site Location: Interior			Tel: 662-915-7211	
Building Size:		# of Floors:	Age in Years: 50 +/-	
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: Justin Smith			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: 02/14/2023	
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): Presumed Positive			Inspection Date: Presumed Positive	
Inspector: n/a		Certification Number: n/a	Expiration Date: n/a	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floor Tile & Mastic Presumed Positive				
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: 1/6/2023			Complete: 1/7/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/6/2023			Complete: 1/7/2023	

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		1/4/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Dwight Grayson		1/4/23
Type or Print Name	(Signature of Owner/Operator)	(Date)