

# 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 10/29/2024	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): Sunflower Lane Apartments				
Bldg. Name: Building #7, units A,B,C,D				
Address: 2106 Center St				
City: Clarksdale		State: MS	Zip: 38614	
Site Location: Interior flooring all units			Tel: 662-624-8098	
Building Size: 9,600 SF		# of Floors: 2	Age in Years: 50+/-	
Present Use: Residential Apartments (vacant)		Prior Use: Residential Apartments		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Michaels Management Affordable LLC				
Address: P.O. Box 90708				
City: Camden		State: NJ	Zip: 08101	
Contact: Jim Loughery			Tel: 609-828-3592	
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: 02/23/2025	
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: 10/11/2024	
Inspector: Joshua Harrison		Certification Number: ABI-00011728	Expiration Date: 05/10/25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk Sampling PLM Methods: Floor tile & Mastic, ceiling texture, drywall, roofing				
VII. QUANTITY OF RACM TO BE REMOVED: VAT/Mastic/carpet glue 4400 sf				
Pipes (LN FT):		Surface Area (SQ FT): 4400/4400sf	Volume of Facility Components (CU FT):	
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: 11/12/2024			Complete: 11/15/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/12/2024			Complete: 11/30/2024	

**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:**

Double bag/wrap waste, hand tools wet methods, 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 L&T Services, LLC**

Name: L&T Services, LLC

Address: P.O. Box 328

City: Hernando

State: MS

Zip: 38632

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: 38664

Contact Person: Sandy Pickle

Tel: 662-363-2282

**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

Type or Print Name

(Signature of Owner/Operator)

10/29/24

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

10/29/24

(Date)