#Rev"

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 12.7.2021	Date Received (MDEQ use only) 12/10/21	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 (future demo by others)

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Duplex/South Panola Schools

Bldg. Name: Vacant Duplex		
Address 102/104 Atwell St		
City: Batesville	State: MS	Zip: 38606
Site Location: Interior Flooring		Tel: 662-563-3435
Building Size unknown	# of Floors:	Age in Years: 50+/-
Present Use: vacant	Prior Use: residential	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: South Panola School District		
Address: 209 Boothe St		
City: Batesville	State: MS	Zip: 38606-2118
Contact: Mark Rubenstein		Tel: 662-563-3435
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.		
Address: P.O. Box 343012		
City: Memphis	State: TN	Zip: 38184-3012
Contact: ~~Dwight Grayson~~ William Stamps		Tel: 901-849-7711
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 using PLM methods Willie Nestor 06/22/2021

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 Drywall/Exterior Siding	3200/2200			SqFt: Sqft	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/15/2021 Complete: 12/21/2021

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/15/2021 Complete: 12/21/2021

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

removal of acm using wet methods and hand tools

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Negative pressure, containment, critical barriers, hepa vac, 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: 901-849-7711

WASTE TRANSPORTER #2 WM Memphis

Name: Waste Management Memphis

Address: 3750 Hatcher circle

City: Memphis	State: TN	Zip: 38118
Contact Person: Carlton Gibson		Tel: 901-331-7187

XIII. WASTE DISPOSAL SITE WM The Tunica Landfill

Name: WM The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville	State: MS	Zip:

Tel: Carlton Gibson 901-331-7187

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: n/a	Title:

Authority:

Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): n/a

Description of the sudden unexpected event:

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 the site, MDEQ will be called for an 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) William Stamps
12/1/2021 (Date) 12/7/21

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson — Type or Print Name
(Signature of Owner/Operator) William Stamps
12/1/2021 (Date) 12/7/21