

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <b>5.20.2022</b>	Date Received (MDEQ use only) <b>5.23.2022</b>	Notification # (MDEQ use only)						
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>Original</b>									
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>									
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)									
Bldg. Name: <b>PSP, Inc. (former hotel bldg)</b>									
Address <b>900 East Commerce St</b>									
City: <b>Hernando</b>	State: <b>MS</b>	Zip: <b>38632</b>							
Site Location: <b>Interior &amp; exterior</b>		Tel: <b>901-212-4563</b>							
Building Size <b>unknown</b>	# of Floors:	Age in Years: <b>60+/-</b>							
Present Use: <b>vacant</b>	Prior Use: <b>hotel</b>								
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)									
OWNER NAME: <b>PPS, Inc.</b>									
Address: <b>900 E Commerce St</b>									
City: <b>Hernando</b>	State: <b>MS</b>	Zip: <b>38632</b>							
Contact: <b>Sunita Pareek</b>		Tel: <b>901-212-4563</b>							
REMOVAL CONTRACTOR <b>Specialty Abatement Services Inc.</b>									
Address: <b>P.O Box 343012</b>									
City: <b>Memphis</b>	State: <b>TN</b>	Zip: <b>38184-3012</b>							
Contact: <b>William Stamps</b>		Tel: <b>9018497711</b>							
OTHER OPERATOR: <b>n/a</b>									
Address:									
City:	State:	Zip:							
Contact:									
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>									
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):									
<b>Bulk Sampling PLM Methods      Chester Ervin 04/27/2022</b>									
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed							
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RACM To Be Removed</td> <td style="width: 50%; text-align: center;">Indicate Unit of Measurement Below</td> </tr> <tr> <td style="text-align: center;">Category I</td> <td style="text-align: center;">Category II</td> </tr> <tr> <td style="text-align: center;">UNIT</td> <td></td> </tr> </table>		RACM To Be Removed	Indicate Unit of Measurement Below	Category I	Category II	UNIT	
				RACM To Be Removed	Indicate Unit of Measurement Below				
Category I	Category II								
UNIT									
Pipes		Ln Ft:	Ln M:						
Surface Area <b>ClgSpray/VAT/Mastic</b>		Sq Ft: <b>X</b>	Sq M:						
Vol RACM Off Facility Component		Cu Ft:	Cu M:						
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>06/03/2022</b>		Complete: <b>07/01/2022</b>							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>06/03/2022</b>		Complete: <b>07/01/2022</b>							

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**

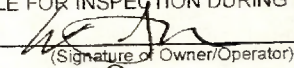
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

**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

Type or Print Name

  
(Signature of Owner/Operator)

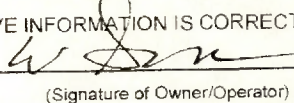
05/20/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

William Stamps

Type or Print Name

  
(Signature of Owner/Operator)

05/20/2022

(Date)