

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <i>email</i>	Date Received (MDEQ use only) <i>5/3/22</i>	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) Hope Sullivan Elementary School					
Bldg. Name: Hope Sullivan ES					
Address 7985 Southaven Circle West					
City: Southaven	State: MS	Zip: 38671			
Site Location: 2nd Floor Kindergarten Rooms		Tel: 662-429-5271			
Building Size: unknown	# of Floors:	Age in Years: 50+/-			
Present Use: Classrooms	Prior Use: Classrooms				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Desoto County Schools					
Address: 5 East South St					
City: Hernando	State: MS	Zip: 38632			
Contact: Jeff Davis		Tel: 662-429-5271			
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			
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 Insp: Marty Cook 4/10/22					
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				Ln Ft:	Ln M:
Surface Area VAT/Mastic	4365/4365			Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/01/22 <i>6/2/2022</i> Complete: 06/15/2022 <i>6/8/2022</i>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06/01/2022 <i>6/2/2022</i> Complete: 06/15/2022 <i>6/8/2022</i>					

R1

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

removal of VAT/mastic using hand tools and wet methods along with chemical stripper

XI. 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, critical barriers, wet methods, hand tools, hepa vac, double bag/wrap waste

XII. WASTE TRANSPORTER #1 SASI

Name: Specialty Abatement Services Inc.

Address: 4009 Broadway Rd

City: Bartlett

State: TN

Zip: 38135

Contact Person: Dwight Grayson

Tel: 901-507-1203

WASTE TRANSPORTER #2 WM Memphis

Name: Waste Management

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: 38664

Tel: 866-909-4458

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):

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 ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

All work will cease, workers will be removed from 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.

William Stamps

Type or Print Name

(Signature of Owner/Operator)

05/10/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

William Stamps

Type or Print Name

(Signature of Owner/Operator)

05/10/2022

(Date)