

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>5/31/22</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) Water Valley Housing Authority Complex					
Bldg. Name: RH-99					
Address 100 Suratt Circle RH-99					
City: Water Valley	State: MS	Zip: 38965			
Site Location: Interior		Tel: 662-915-7211			
Building Size: unknown	# of Floors: unknown	Age in Years: 60+/-			
Present Use: housing	Prior Use: housing				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Water Valley Housing Authority					
Address: P.O. Box 604					
City: Water Valley	State: MS	Zip: 38965			
Contact: Johnnie Hughes		Tel: 662-473-2801			
REMOVAL CONTRACTOR Specialty Abatement Services Inc.					
Address: 4009 Broadway Rd					
City: Bartlett	State: TN	Zip: 38135			
Contact: William Stamps		Tel: 9015071203			
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 Original Inspection 1980's - Presumed Positive					
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	951/951			Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/07/2022 Complete: 06/08/2022					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06/07/2022 Complete: 06/08/2022					

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

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, splashguard 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: 9015071203

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 CRUMBLER, 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]
(Signature of Owner/Operator)

05/24/2022

(Date)

R1 G Adams 5/31/2022

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

William Stamps

Type or Print Name

[Signature]
(Signature of Owner/Operator)

05/24/2022

(Date)