**MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM**

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

<table>
<thead>
<tr>
<th>Operator Project #</th>
<th>Postmark</th>
<th>Date Received</th>
<th>MDEQ use only</th>
<th>Notification # (MDEQ use only)</th>
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**I. Type of Notification (O=Original R=Revised C=Canceled A=Annual)**
- Original
- Revision 1 (R1)
- Revision 2 (R2)

**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

**Building Size:** unknown

**# of Floors:** Unknown

**Age in Years:** 60+/-

**Present 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**

<table>
<thead>
<tr>
<th>VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</th>
<th>RACM To Be Removed</th>
<th>Nonfibrous Asbestos Material Not To Be Removed</th>
<th>Indicate Unit of Measurement Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulated ACM to be Removed</td>
<td></td>
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<td></td>
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<tr>
<td>2. Category I ACM Not Removed</td>
<td></td>
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<tr>
<td>3. Category II ACM Not Removed</td>
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</table>

**UNIT:**

**Pipes:**

<table>
<thead>
<tr>
<th>Surface Area</th>
<th>VAT/Mastic</th>
<th>951/951</th>
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</table>

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<tr>
<th>Vol RACM Off Facility Component</th>
<th>CuFt:</th>
<th>6/1/2032</th>
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</table>

**VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY):**
- Start: 6/1/2022
- Complete: 6/08/2022

**IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY):**
- Start: 6/07/2022
- Complete: 6/08/2022

**Original Inspection 1980's - Presumed Positive**

**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 CRUMBELED, 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)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

William Stamps
Type or Print Name (Signature of Owner/Operator)

[Signatures]

05/24/2022
06/10/2022