## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

| MDEQ Use Only:  XEmail □Mall □Hand Delivery   | Postmark (mail   | only)        | Date Rec                         | eived<br>25-2023             | Al Number |  |  |
|---|--|--------------|----------------------------------|------------------------------|-----------|--|--|
| Type of Notification (O=Original R=Revised C=Canceled A= Annual): (-CANCEED 7/25/23                           |  |              |                                  |                              |           |  |  |
| 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): Holly Springs High School |  |              |                                  |                              |           |  |  |
| Bldg. Name: Auditorium  |  |              |                                  |                              |           |  |  |
| Address: 165 N Walthall St  |  |              |                                  |                              |           |  |  |
| <sub>City:</sub> Holly Springs  |  | State: MS    |                                  | Zip. 38635                   |           |  |  |
| Site Location: Auditorium   |  |              |                                  | <sub>Tel:</sub> 662-252-2183 |           |  |  |
| ilding Size:  |  | # of Floors: |                                  | Age in Years: 50 +/-         |           |  |  |
| Present Use: Auditorium   | sent Use: Auditorium   |              | <sub>Prior Use:</sub> Auditorium |                              |           |  |  |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)                    |  |              |                                  |                              |           |  |  |
| OWNER NAME: Holly Springs School District   |  |              |                                  |                              |           |  |  |
| Address: 840 Highway 178 East   |  |              |                                  |                              |           |  |  |
| City: Holly Springs   |  |              |                                  | Zip: 38635                   |           |  |  |
| contact: Cravin Turnage   |  | State: MS    |                                  | Tel: 662-252-2183            |           |  |  |
| ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.   |  |              |                                  |                              |           |  |  |
| Address: P.O. Box 343012  |  |              |                                  |                              |           |  |  |
| <sub>City:</sub> Memphis  |  | State: TN    |                                  | Zip: 38184-301               | 2         |  |  |
| Contact: William Stamps   |  |              | Tel: 901-507-1203                |                              |           |  |  |
| Certification Number: ABC00001660   |  |              | Expiration Date: 01/19/2024      |                              |           |  |  |
| OTHER OPERATOR: N/a   |  |              |                                  |                              |           |  |  |
| Address:  |  |              |                                  |                              |           |  |  |
| City:   |  | State:       |                                  | Zip:                         |           |  |  |
| Contact:  |  |              | Tel:                             |                              |           |  |  |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes  |  |              |                                  |                              |           |  |  |
| WAS ASBESTOS PRESENT? (Yes/No): Ye  | Inspe  |              |                                  | ction Date: UZ/1772UZ3       |           |  |  |
| Inspector: Dejonnette King  | Deignnette King Certification Number: ABI-00001497 Expiration Date: 07/26/23 |              |                                  |                              |           |  |  |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIALS.               |  |              |                                  |                              |           |  |  |
| Flooring, Bulk sampling using PLM methods   |  |              |                                  |                              |           |  |  |
|   |  |              |                                  |                              |           |  |  |
| VII. QUANTITY OF RACM TO BE REMOVED: 5500 sqft VAT, 5500 sqft Mastic  |  |              |                                  |                              |           |  |  |
| 14 000 of   |  |              |                                  |                              |           |  |  |
| Pipes (LN FT): n/a  Surface Area (SQ FT): 11,000 sf Volume of Facility Components (CU FT): n/a                |  |              |                                  |                              |           |  |  |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: n/a  Category II: n/a  Category II: n/a                    |  |              |                                  |                              |           |  |  |
| Oddgoly 1. Complete: 08/07/2023   |  |              |                                  |                              |           |  |  |
| IX. SCHEDULED DATES ASBESTOS REMOVAE (MINISTER) SEA   |  |              |                                  |                              |           |  |  |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/27/2023 Complete: 08/07/2023                          |  |              |                                  |                              |           |  |  |

| XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Removal of ACM using hand tools and wet methods  |   |  |  |  |  |  |
| NG CONTROLS TO BE  | USED TO PREVENT EMISSION  | IS OF ASBESTOS AT THE  |  |  |  |  |
| s, chemical strip  | per, double bag waste   | •  |  |  |  |  |
|  |   | A-10-10-10-10-10-10-10-10-10-10-10-10-10-  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| State; TN  | <sub>Zip:</sub> 38135   |  |  |  |  |  |
| Tel: 901-507-1203  |   |  |  |  |  |  |
| waste transporter #2 Waste Management Memphis  |   |  |  |  |  |  |
| Name: Waste Management Memphis   |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| State: TN  | Zip: 38118  |  |  |  |  |  |
|  | Tel: 901-331-7187   |  |  |  |  |  |
| XIV. WASTE DISPOSAL SITE WM The Tunica Landfill  |   |  |  |  |  |  |
| Name: WM The Tunica Landfill   |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| State: MS  | Zip:  |  |  |  |  |  |
|  | Tel: 901-331-7187   |  |  |  |  |  |
| XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  |   |  |  |  |  |  |
| Name: n/a Title:   |   |  |  |  |  |  |
| Authority: n/a   |   |  |  |  |  |  |
| Date of Order (MM/DD/YY): n/a Date Ordered to Begin (MM/DD/YY):  |   |  |  |  |  |  |
| XVI. 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  |   |  |  |  |  |  |
|  | INFUDENTED ACCEPTOR IS I  | OUND OR PREVIOUSLY   |  |  |  |  |
| XVII. 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 site, MDEQ will be called for an inspection  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| XVIII. 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. |   |  |  |  |  |  |
| 12/V   |   | 07/13/2023<br>(Date)   |  |  |  |  |
|  | perator)  | (Daio)   |  |  |  |  |
| RECT. A-IA   | (B)   | 07/13/2023   |  |  |  |  |
| (Signature of Owner/O  | (Date)  |  |  |  |  |  |
|  | methods  IG CONTROLS TO BE  IG CONTROLS TO BE  S, chemical strip  State: TN  State: TN  State: TN  Date On  Date On  Date On  IN THE EVENT THAT  ED, PULVERIZED, OR  EN OF THIS IS  IN THE EVENT THAT  ED, PULVERIZED, OR  EN OF THIS IS  IN THE EVENT THAT  IN THE EVENT THAT  ED, PULVERIZED, OR  EN OF THIS IS  IN THE EVENT THAT  IN THE EVENT THAT  ED, PULVERIZED, OR  EN OF THIS IS  (Signature of Owner/Or  RECT. | methods  IG CONTROLS TO BE USED TO PREVENT EMISSION  S, Chemical Stripper, double bag waste  State: TN  Zip: 38135  Tel: 901-507-1203  Dhis  State: MS  Zip: 38118  Tel: 901-331-7187  CY, PLEASE IDENTIFY THE AGENCY BELOW:  Title:  Date Ordered to Begin (MM/DD/YY):  Date Ordered to Begin (MM/DD/YY):  IN THE EVENT THAT UNEXPECTED ASBESTOS IS FED, PULVERIZED, OR REDUCED TO POWDER:  ed from site, MDEQ will be called for a provisions of this regulation (40 CFR PART 6-10) EVIDENCE THAT THE REGULATION (40 CFR PART 6-10) EVIDENCE THAT (40 C |  |  |  |  |