

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 10/28/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Revised - Revision #1				
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): Vacant Commercial Office bldg				
Bldg. Name: Vacant Commercial Office Bldg 185 West Center St				
Address: 185 West Center St				
City: Hernando		State: MS	Zip: 38632	
Site Location: Exterior Windows & Interior Flooring			Tel: 662-429-9092	
Building Size: 7,500 SF		# of Floors: 1	Age in Years: 74 yrs	
Present Use: Vacant		Prior Use: various commercial businesses		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: City of Hernando				
Address: 475 West Commerce St				
City: Hernando		State: MS	Zip: 38632	
Contact: Austin Cardosi			Tel: 662-429-9092	
ASBESTOS 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	
Certification Number: ABC00001660			Expiration Date: 02/23/2025	
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): Yes			Inspection Date: 12/27/2023	
Inspector: Reginald Sampson		Certification Number: ABI-00001921	Expiration Date: 07/26/24 7/19/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk Sampling PLM Methods: Floor tile & Mastic, Window glazing, carpet glue, ceiling texture, ceiling tiles, joint compound, sheetrock				
VII. QUANTITY OF RACM TO BE REMOVED: VAT/Mastic/carpet glue 4000 sf				
Pipes (LN FT):		Surface Area (SQ FT): 4000/4000/4000sf	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: TO BE REMOVED, Windows 550 sqft				
Category I: n/a			Category II: Window Frame with glazing, 550 sqft	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/11/2024			Complete: 11/12/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/11/2024			Complete: 11/17/2024	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Removal of ACM using hand tools and wet methods, Removal of windows intact

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Drop Cloths, double bag/wrap waste, hand tools wet methods, hepa vac

XIII. WASTE TRANSPORTER #1 SASI

Name: SASI Memphis
Address: 4009 Broadway Rd
City: Bartlett State: TN Zip: 38135
Contact Person: Dwight Grayson Tel: 901-507-1203

WASTE TRANSPORTER #2 L&T Services, LLC

Name: L&T Services, LLC
Address: P.O. Box 328
City: Hernando State: MS Zip: 38632
Contact Person: Carlton Gibson Tel: 901-331-7187

XIV. WASTE DISPOSAL SITE WM The Tunica Landfill

Name: WM The Tunica Landfill
Address: 6035 Bowdre Rd
City: Robinsonville State: MS Zip: 38664
Contact Person: Sandy Pickle Tel: 662-363-2282

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

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, 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 AVAILBLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

William Stamps _____ 10/29/24
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Dwight Grayson _____ 10/29/24
Type or Print Name (Signature of Owner/Operator) (Date)