

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>Original</b>		<b>Revision # 5 (R5)</b>	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer Renovation) <b>Renovation</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Lafayette County Middle School P.E. Building</b>			
Bldg. Name: <b>Physical Education Building</b>			
Address: <b>400 Commodore Dr</b>			
City: <b>Oxford</b>	State: <b>MS</b>	Zip: <b>38655</b>	
Site Location: <b>Interior</b>	Tel: <b>662-840-8062</b>		
Building Size: <b>unknown</b>	# of Floors: <b>unknown</b>	Age in Years: <b>60+/-</b>	
Present Use: <b>P.E. Bldg</b>	Prior Use: <b>P.E. Bldg</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <b>Lafayette County School District</b>			
Address: <b>100 Commodore Dr</b>			
City: <b>Oxford</b>	State: <b>MS</b>	Zip: <b>38655</b>	
Contact: <b>Dr Adam Pugh</b>	Tel: <b>662-840-8062</b>		
REMOVAL CONTRACTOR <b>Specialty Abatement Services Inc.</b>			
Address: <b>5280 Elmore Rd</b>			
City: <b>Memphis</b>	State: <b>TN</b>	Zip: <b>38134</b>	
Contact: <b>Dwight Grayson</b>	Tel: <b>9015071203</b>		
OTHER OPERATOR (GC) <b>Barnes &amp; Brower, Inc.</b>			
Address: <b>3787 Old Getwell Rd</b>			
City: <b>Memphis</b>	State: <b>TN</b>	Zip: <b>38118</b>	
Contact: <b>Jeff Barnes</b>			
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):			
<b>Bulk Sampling PLM Methods</b>		<b>10/19/2020 Willie Nester</b>	
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: <b>EACH</b> Ln M:
Surface Area <b>VAT</b>	<b>6,000</b>		Sq Ft: <b>SQFT</b> Sq M:
Vol RACM Off Facility Component			Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>12/2/2020</b> <b>1/25/2021</b> Complete: <b>12/31/20</b> <b>2/15/2021</b>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>12/2/2020</b> <b>1/25/2021</b> Complete: <b>12/31/20</b> <b>2/15/2021</b>			

R5

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

Removal of ACM 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, glove bag methods

XII. WASTE TRANSPORTER #1 SASI

Name: SASI

Address: 5280 Elmore Rd

City: Memphis

State: TN

Zip: 38134

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 CRUMBLED, 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.

Dwight Grayson  
Type or Print Name

(Signature of Owner/Operator)

11/18/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

11/18/2020

(Date)