

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 9/11/2024	AI Number 85078
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original				
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): Byhalia Old School Commons				
Bldg. Name: Byhalia Old School Commons				
Address: 164 MS-309				
City: Byhalia		State: MS	Zip: 38611	
Site Location: Exterior Metal Windows and Roof Wall Flashing			Tel: 662-258-6405	
Building Size: 64,000 sqft		# of Floors: 2	Age in Years: 50 +/-	
Present Use: vacant		Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Town of Byhalia/Byhalia Area Arts Council				
Address: 225 MS-309				
City: Byhalia		State: MS	Zip: 38611	
Contact: Justin Smith			Tel: 662-473-2801	
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: 01/09/2023	
Inspector: Andrew Wilson		Certification Number: ABI-00011014	Expiration Date: 08/02/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk Sampling PLM Methods: Ceiling Tile, Chalkboard Adhesive, Wall/Ceiling Plaster, Floor tile & Mastic, Window Putty, Window Caulk, Roofing, Ceiling Material				
VII. QUANTITY OF RACM TO BE REMOVED: n/a				
Pipes (LN FT): n/a		Surface Area (SQ FT): n/a	Volume of Facility Components (CU FT): n/a	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Non-Friable Materials TO BE REMOVED				
Category I: Gray Roof Patch 2,340 sqft			Category II: Window Frame with Caulk 49 each	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/18/2024 TBD			Complete: 12/31/2024 TBD	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09/18/2024 TBD			Complete: 12/31/2024 TBD	

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 Waste Management Memphis

Name: Waste Management Memphis

Address: 3750 Hatcher Circle

City: Memphis

State: TN

Zip: 38118

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:

Contact Person: Carlton Gibson

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

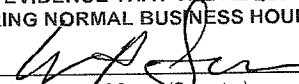
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
n/a

XVII. 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 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.

William Stamps

Type or Print Name


(Signature of Owner/Operator)

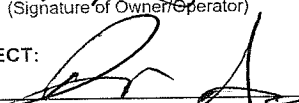
09/11/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name


(Signature of Owner/Operator)

09/11/24

(Date)