

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

- I. **TYPE OF NOTICE:** () Original () Revision () Canceled
() Annual () Info. Only
- II. **TYPE OF PROJECT:** () Renovation () Demolition
() Ordered Demolition () Emergency Renovation
- III. **SITE INFORMATION:** Name Mississippi Delta Community College (The Horton Annex Building)
Description: ONE STORY BRICK METAL FLAT ROOF ANNEX BUILDING
Address: HWY 3 SOUTH
City: MOORHEAD County: SOUTHWEST State: MS ZIP: 38761
Contact Person: DON LEE Telephone: 662 246-6322
- IV. **OWNER INFORMATION:** Name: Mississippi Delta Community College
Full Mailing Address: P.O. BOX 668 MOORHEAD, MS 38761
Contact Person: DON LEE Telephone: 662 246-6322
- V. **ASBESTOS REMOVAL CONTRACTOR:** Name: Jimmy Bell
Certification No.: ABC-00001282 Expiration Date: 1/30/17
Full Mailing Address: P.O. BOX 133 DELTA CITY, MS 39001
Contact Person: Jimmy Bell Telephone: 662 873-4551
- VI. **CONTRACTOR (Other):** Name: Mississippi Delta Community College Maintenance Department
Full Mailing Address: HWY 3 SOUTH, MOORHEAD, MS 38761
Contact Person: DON LEE Telephone: 662 246-6322
- VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**
Removal Project Start: 12/30/16 Removal Project Stop: 12/31/16
- VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**
Project Start: 1/3/17 Project Stop: 2/3/17 Prep. Date: 1/3/17
- IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 1,600 SF Bldg. Size (LNFT): 0
No. of Floors: 1 Age in Years: 45 + -
Present Use: VACANT BUILDING Prior Use: ANNEX BUILDING
- X. **ASBESTOS INSPECTION:**
Was site inspected to determine presence of asbestos: () Yes () No
Inspection Date: 9/1/16 Asbestos Present? () Yes () No
Inspector: PAUL ANDERSON Cert. No.: AST-00001684 Expiration Date: 7/17/17
Identify suspect materials sampled: WINDOW CAULKING OUTSIDE
Laboratory Analysis: TEM _____ PLM Other _____
Name of Laboratory: C&Z LABS 730 SE MAYNARD ROAD, CARY, NC. 27511
- XI. **QUANTITY OF RACM TO BE REMOVED:**
Pipes (LN FT) 0 Surface Area (SQ FT) 6 WINDOW AREA 8x6 = 288 sq ft
Volume of Facility Components (CU FT) 0
- XII. **QUANTITY OF NONFRIABLE ASBESTOS** NOT REMOVED 288 sq ft TO BE REMOVED: (6) Windows
Category I: _____ Category II: COMPLETE Windows
- XIII. **WASTE TRANSPORTER:** Name: Jimmy Bell
Full Mailing Address: P.O. BOX 133 DELTA CITY, MS 39001
Contact Person: Jimmy Bell Telephone: 662 873-4551

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

RECEIVED
DEC 29 2016
Dept. of Environmental Quality

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: LEFLORE COUNTY LANDFILL
Physical Location: 15200 U.S. Hwy. 49E South, SIDON, MS 38954
Full Mailing Address: P.O. BOX 1698 GREENWOOD, MS 38935
Contact Person: MAHEL BROWN Telephone: 662 453-8550
*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: LEFLORE COUNTY LANDFILL
Physical Location: 15200 U.S. Hwy. 49E South, SIDON, MS 38954
Full Mailing Address: P.O. BOX 1698 GREENWOOD, MS 38935
Contact Person: MAHEL BROWN Telephone: 662 453-8550
*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):
 Strip & Removal Double Bagging Mechanical Chipping Component Removal
 Wrecking Ball Gross Demolition Remove Intact Bulldozer
 Containment Glove Bag Explode Negative Air
 Wet Method Roofing Saw Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
PLACE SIGNS AND ROPE OFF WORK AREA, SPRAY TAL 6 mil poly OVER INSIDE AND OUTSIDE OF WINDOWS, WET REMOVE INTACT COMPLETE WINDOW, WRAP IN TAPE. (REMOVE WINDOWS FROM THE OUTSIDE)

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
STOP WORK, CONTACT SUPERVISOR, MAKE NECESSARY CHANGES FOR SAFETY
*Will MDEQ be notified of any significant changes? (Yes () No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: _____ Title: _____
Authority: _____
Date of Order: _____ Date Demolition to Begin: ____/____/____

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ____/____/____, Time: _____
Description of the sudden, unexpected event:

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

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.
Jimmy Bell / Contractor Jimmy Bell 12/27/16
Type or Print Name & Title Signature Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
P.O. Box 2261 Jackson, MS 39201
Jackson, MS 39225
(601) 961-5171