

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Revised: 3/08

RECEIVED
JAN 20 2017
Dept. of Environmental Quality

TYPE OF NOTICE: Original () Revision () Canceled
() Annual () Info. Only

I. TYPE OF PROJECT: Renovation () Demolition
() Ordered Demolition () Emergency Renovation

II. SITE INFORMATION: Name: Tunica School District
Description: School
Address: 1100 Rosa Fort Drive
City: Tunica County: Tunica State: Ms Zip:
Contact Person: Patrick Alexander Telephone: 662) 363-4220

IV. OWNER INFORMATION: Name: Tunica School District
Full Mailing Address: 1100 Rosa Fort Drive - Tunica Ms
Contact Person: Patrick Alexander Telephone: 662) 363-4220

V. ASBESTOS REMOVAL CONTRACTOR: Name: Aaron Lee
Certification No.: ABC00002924 Exp. Date: 12/21/2017
Full Mailing Address: P.O. Box 88 - Edwards, Ms 39066
Contact Person: Aaron Lee Telephone: 601) 383-3237

VI. CONTRACTOR (Other): Name: N/A
Full Mailing Address: N/A
Contact Person: Telephone:

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 1/31/2017 Removal Project Stop: 2/28/2017

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: / / Project Stop: / / Prep. Date: / /

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 7500 sq. ft. Bldg. Size (LN FT):
No. of Floors: 1 Age in Years: 50 or more
Present Use: vacant Prior Use: Computer Lab

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? yes () no
Inspection Date: / / Asbestos Present? yes () no
Inspector: Albert Love Cert. No.: ABI00001376 Exp. Date: 2/19/2017
Identify suspect materials sampled: Floor tile, ceiling material
Laboratory Analysis: TEM PLM Other
Name of Laboratory: EMSL

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) Surface Area (SQ FT)
Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFIBRILLABLE ASBESTOS - NOT REMOVED TO BE REMOVED:
Category I: 1100 vat / Category II: / 1100 sq. ft.

XIII. WASTE TRANSPORTER: Name: Aaron Lee
Full Mailing Address: P.O. Box 88 - Edwards, Ms 39066
Contact Person: Aaron Lee Telephone: 601) 383-3237

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

V. WASTE ASBESTOS DISPOSAL SITE: Name: Little Dixie Landfill
Physical Location: 1617 County Line Rd. Jackson, Ms
Full Mailing Address: _____
Contact Person: _____ Telephone: (601) 982-9488
* All asbestos waste should go to a permitted sanitary landfill.

V. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: _____
Physical Location: N/A
Full Mailing Address: _____
Contact Person: _____ Telephone: _____
* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

VI. REMOVAL/DEMOLITION 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: _____

VII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
N/A

VIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

Stop and call DEQ

*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.

Aaron Lee
Type or Print Name and Title

Aaron Lee
Signature

1-17-17
Date

MAIL TO: Office of Pollution Control
PO Box 2261
Jackson, MS 39225
(601) 961-5171

Physical address: Office of Pollution Control
515 Amite Street
Jackson, MS 39201