

## 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 OAKHURST JUNIOR HIGH SCHOOL  
Description: ONE STORY BRICK, METAL AND CONCRETE LEARNING BUILDING  
Address: 201 WEST 2ND STREET  
City: CLARKSDALE County: COAHOMA State: MS ZIP: 38614  
Contact Person: RODGER FULLLOVE Telephone: 662 902-4233
- IV. **OWNER INFORMATION:** Name: CLARKSDALE MUNICIPAL SCHOOL DISTRICT  
Full Mailing Address: P.O. BOX 1088, WASHINGTON AVE., CLARKSDALE, MS 38614  
Contact Person: RODGER FULLLOVE Telephone: 662 902-4233
- V. **ASBESTOS REMOVAL CONTRACTOR:** Name: JIMMY BELL  
Certification No.: ABC-0001282 Expiration Date: 1/30/17  
Full Mailing Address: P.O. BOX 133 DELTA CITY, MS 39061  
Contact Person: JIMMY BELL Telephone: 662 873-4551
- VI. **CONTRACTOR (Other):** Name: CLARKSDALE MUNICIPAL SCHOOL DISTRICT MAINTENANCE DEPT.  
Full Mailing Address: P.O. BOX 1088 WASHINGTON AVE., CLARKSDALE, MS 38614  
Contact Person: RODGER FULLLOVE Telephone: 662 902-4233
- VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 1/27/17 Removal Project Stop: 1/28/17
- VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: 2/2/17 Project Stop: 2/20/17 Prep. Date: 2/1/17
- IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 7,000 Bldg. Size (LNFT): 0  
No. of Floors: 1 Age in Years: \_\_\_\_\_  
Present Use: VACANT FOR WEEKEND Prior Use: LEARNING BUILDING
- X. **ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos: (  ) Yes ( ) No  
Inspection Date: 9/14/16 Asbestos Present? (  ) Yes ( ) No  
Inspector: ALBERT LOVE Cert. No.: ABI-0001376 Expiration Date: 7/23/17  
Identify suspect materials sampled: PIPE INSULATION LOCATED IN BOILER ROOM  
Laboratory Analysis: TEM \_\_\_\_\_ PLM  Other \_\_\_\_\_  
Name of Laboratory: ANALYTICAL INSUTUTE, INC., GREENSBORO, NC.
- XI. **QUANTITY OF RACM TO BE REMOVED:**  
Pipes (LN FT) 38 Surface Area (SQ FT) 0  
Volume of Facility Components (CU FT) 0
- XII. **QUANTITY OF NONFRIABLE ASBESTOS** \_\_\_\_\_ **NOT REMOVED** 38 LN.FT **TO BE REMOVED:**  
Category I: CORRUGATED PAPER INSULATION AND JOINTS Category II: \_\_\_\_\_
- XIII. **WASTE TRANSPORTER:** Name: JIMMY BELL  
Full Mailing Address: P.O. BOX 133, DELTA CITY, MS 39061  
Contact Person: JIMMY BELL Telephone: 662 873-4551

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

RECEIVED  
JAN 26 2017  
Dept. of Environmental Quality

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Big River Landfill (B,F,I)  
 Physical Location: 52 LANDFILL ROAD, LELAND, MS 38756  
 Full Mailing Address: 49 LANDFILL ROAD, LELAND, MS 38756  
 Contact Person: TIFFANY HUGHES Telephone: 662 332-7927  
 \*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):  
 Name: City of Clarksdale Rubbish Landfill  
 Physical Location: P.O. BOX 940, CLARKSDALE, MS 38614 (South HWY 61 Clarksdale, MS)  
 Full Mailing Address: P.O. BOX 940 CLARKSDALE, MS 38614  
 Contact Person: CITY MANAGER Telephone: 662 621 8142  
 \*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:  
PREP WORK SIGNS, ETC., CUT OFF ELECTRIC POWER, WET AND GLOVE BAG, WIPER WIFE  
DOWN PIPES AND JOINTS, SPRAY FIBER LOCK, AWAIT AIR CLEARANCE

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:  
STOP WORK, CONTACT OWNER, MAKE NECESSARY CHANGES

\*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:  
N/A

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    1/25/17  
 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