RECEIVED

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Mail notification to: Operator Project # Postmark Date Received (MDEQ use only) Notification # (MDEQ use only) I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Bldg. Name: Lawhon Elementary School Address 140 Lake St City: Tupelo State: MS Zip: 38804 Tel: 662-841-8910 Site Location: Building Size 50,000 Age in Years: 60+/-# of Floors: 2 Present Use: School Prior Use: School IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: Tupelo Public School District Address: 72 S Green St Zip: 38804 City: Tupelo State: MS Tel: 662-841-8850 Contact: REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood Zip: 39232 State: MS Tel: 601-940-5411 Contact: Chuck Womack OTHER OPERATOR: Sullivan Enterprises, Inc. a Address: P. O. Box 859 City: Magee State: MS Zip: 39111 Contact: V. IS ASBESTOS PRESENT? (Yes/No) Y VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Exp 1/19/18 1/27/17 Willie Nester **ABI-2244** PLMVII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable INCLUDING: Asbestos Material Not Indicate Unit of **RACM** To Be Removed Measurement Below Regulated ACM to be Removed To Be Category I ACM Not Removed Removed Category II ACM Not Removed UNIT Category I Category II Pipes LnFt: Ln M: 36,000 2.500 SqFt: X Surface Area Sq M: 3.000 Vol RACM Off Facility Component CuFt: Cu M: Complete: 6/22/17 5/22/17 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete: 5/22/18 5/22/17 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:				
Removal of asbestos containing materia				
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERIN DEMOLITION OR RENOVATION SITE:	G CONTROL	S TO BE USED T	TO PREVENT EMISSIONS OF ASBESTOS AT THE	
Stop work and notify competent person				
XII. WASTE TRANSPORTER #1				
Name: Waste Connections of MS				
Address: P. O. Box 96				
_{City:} Walnut	State: MS		z _{ip:} 38683-0096	
Contact Person:			Tel: 662-223-6800	
WASTE TRANSPORTER #2				
Name:				
Address:		·		
City:	State:		Zip:	
Contact Person:			Tel:	
XIII. WASTE DISPOSAL SITE				
Name: Three Rivers Regional Landfill				
Address: 1904 Pontotoc Parkway West				
City: Pontotoc	State: MS		Zip: 38863	
Tel: 662-488-0444				
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:				
Name:		Title:		
Authority:			,	
Date of Order (MM/DD/YY):		Date Ordered to	Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS:				
Date and Hour of Emergency (MM/DD/YY):				
Description of the sudden unexpected event:				
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED), PULVERIZE	ED, OR REDUCE	ED TO POWDER:	
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROONSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURI Chuck Womack Type or Print Name (Signature of Owner/Open	EVIDENCE T NG NORMAL	HAT THE REQU	JIRED TRAINING HAS BEEN ACCOMPLISHED BY	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORR	ECT:			
Chuck Womack			5/17/17	
Type or Print Name (Signature of Owner/Operator)			(Date)	