

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
JUN - 1 2017
Dept. of Environmental Quality

I. TYPE OF NOTICE: Original Revision #01 Canceled
 Annual Info. Only

II. TYPE OF PROJECT: Renovation Demolition
 Ordered Demolition Emergency Renovation

III. SITE INFORMATION: Name Caledonia Middle School
 Description: Floor tile abatement as part of partial renovation of classrooms & offices in Middle School
 Address: 105 Confederate Drive
 City: Caledonia County: Lowndes State: MS ZIP: 39740
 Contact Person: Greg Wheat Telephone: 662-329-4883

IV. OWNER INFORMATION: Name: Lowndes County School District
 Full Mailing Address: 1054 Highway 45 South, Columbus, MS 39701
 Contact Person: Greg Wheat Telephone: 662-329-4883

V. ASBESTOS REMOVAL CONTRACTOR: Name: Hernandez Demolition & Remediation, LLC./Michael J. Brown
 Certification No.: ABC-00001670 Expiration Date: 5-27-2017
 Full Mailing Address: 19 Minor Hill Road, Hartselle, AL 35640
 Contact Person: Michael J. Brown Telephone: 251-379-7038

VI. CONTRACTOR (Other): Name: Byrum Construction, Inc.
 Full Mailing Address: P.O. Box 660, Starkville, MS 39760-0660
 Contact Person: Thad Way Telephone: 662-320-7373

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
 Removal Project Start: 6 / 05 / 17 Removal Project Stop: 6 / 13 / 17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
 Project Start: 5 / 30 / 17 Project Stop: 7 / 31 / 17 Prep. Date: 5 / 29 / 17

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 30,000 Bldg. Size (LNFT): _____
 No. of Floors: 1 Age in Years: 45
 Present Use: Middle School Prior Use: Middle School

X. ASBESTOS INSPECTION:
 Was site inspected to determine presence of asbestos: Yes No
 Inspection Date: 11 / 20 / 13 Asbestos Present? Yes No
 Inspector: Martin A. Cooke Cert. No.: ABI-00002227 Expiration Date: 1/08/14
 Identify suspect materials sampled: floor tile, mastic, caulking, glazing compound, cove base & mastic, ceiling tile
 Laboratory Analysis: TEM _____ PLM X Other _____
 Name of Laboratory: EMSL Analytical, Inc.

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

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED:
 Category I: 8,900 SF floor tile & mastic Category II: _____

XIII. WASTE TRANSPORTER: Name: Go Box Environmental, LLC.
 Full Mailing Address: 100 Rosecrest Lane, Columbus, MS 39701
 Contact Person: Rob Graham/Rachel Hurt Telephone: 662-328-5642

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: ROBO Asbestos Landfill
 Physical Location: Route 1 Field Road - East End, Shuqualak, MS 39361
 Full Mailing Address: 6447 Wahalak Road, Scooba, MS 39358
 Contact Person: Roland Edmonds Telephone: 662-361-0300
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: Golden Triangle Regional Landfill
 Physical Location: 2525 Old West Point Road, Starkville, MS 39759
 Full Mailing Address: P.O. Box 1619, Starkville, MS 39760
 Contact Person: Jimmy Sloan Telephone: 662-324-7566
 *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):

<input type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
 Abatement of non-friable asbestos containing floor tile & adhesive mastic from classrooms & offices prior to renovation by others.
 Tile will be removed in negative pressure containment using wet methods and placed into properly labeled doubled 6 mil disposal bags.

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 in area. Test unexpected material or investigate process. Notify Owner & MDEQ of any changes to scope or process.

*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.

Michael J. Brown/Operations Manager
 Type or Print Name & Title


 Signature

May 28, 2017
 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