

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
JUN - 5 2017
Dept. of Environmental Quality

I. TYPE OF NOTICE:

- Original
- Revision
- Annual
- Info. Only
- Canceled

II. TYPE OF PROJECT:

- Renovation
- Demolition
- Ordered Demolition
- Emergency Renovation

III. SITE INFORMATION:

Name: Cooper Tire & Rubber Company
 Description: Main Office + One (1) Manufacturing Office
 Address: 2205 Dr. Martin Luther King Dr.
 City: Clarksdale County: Coahoma State: MS ZIP: 38614
 Contact Person: Jimmie Bowling Telephone: 662-681-6743

IV. OWNER INFORMATION:

Name: Cooper Tire & Rubber Company
 Full Mailing Address: 2205 Dr. Martin Luther King Dr. - Clarksdale, MS 38614
 Contact Person: Jimmie Bowling Telephone: 662-681-6443

V. ASBESTOS REMOVAL CONTRACTOR:

Name: EnviroRem, Inc. Expiration Date: 7-14-2017
 Certification No.: ABC-00004273
 Full Mailing Address: 1715 Lochearn Rd - Memphis, TN 38116
 Contact Person: Charles Powell Telephone: 901-345-0000

VI. CONTRACTOR (Other):

Name: _____
 Full Mailing Address: _____ Telephone: _____
 Contact Person: _____

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):

Removal Project Start: 06 / 16 / 17 Removal Project Stop: 06 / 20 / 17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):

Project Start: ____ / ____ / ____ Project Stop: ____ / ____ / ____ Prep. Date: ____ / ____ / ____

IX. BUILDING INFORMATION:

Bldg. Size (SQ FT): 135,000 (+) Bldg. Size (LNFT): _____
 No. of Floors: 1 Age in Years: 47 (+)
 Present Use: Manufacturing & Office Prior Use: SAME

X. ASBESTOS INSPECTION:

Was site inspected to determine presence of asbestos: Yes No
 Inspection Date: 07 / 11 / 1994 Asbestos Present? Yes No
 Inspector: Joseph Mujwit Cert. No.: I-203-50-1978 Expiration Date: 07-01-1995
 Identify suspect materials sampled: Flooring Materials - Pipe Insulation - Ceiling Materials - Roofing Materials
 Laboratory Analysis: TEM PLM XXX Other _____
 Name of Laboratory: Carolina Environmental, Inc. - 107 New Edition Court - Cary, NC

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT) Nine Surface Area (SQ FT) _____
 Volume of Facility Components(CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS

Category I: Floor Tile & Mastic - 4,850 sf (+) NOT REMOVED TO BE REMOVED:
 Category II: _____

XIII. WASTE TRANSPORTER:

Name: RES
 Full Mailing Address: 3939 Highway 61 - Cleveland, MS 38732
 Contact Person: Alan Telephone: 662-843-0110

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. **WASTE ASBESTOS DISPOSAL SITE:** Name: Leflore County Landfill
Physical Location: 15200 Highway 49 So - Sison, MS 39954

Full Mailing Address: SAME Telephone: 662-455-7762

Contact Person: ALAN

XV. **DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):**
Name: N/A

Physical Location: _____
Full Mailing Address: _____ Telephone: _____

Contact Person: _____

*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/RENOVATION WORK:**

Wet Removal - Critical Barriers - Containment - Negative Air Machines - HEPA Vacuum - Chemical Removal Or Mastic - Hand Tools

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

All work will stop - Workers will be removed from the area - Area will be sealed and isolated - Owner's Rep and MDEQ will be notified

*Will MDEQ be notified of any significant changes? Yes No

XIX. **IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:**

Name: N/A Title: _____

Authority: _____ Date Demolition to Begin: / /

Date of Order: _____

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.

Charles Powell - VP Operations

Type or Print Name & Title _____ Signature  Date 6/1/17

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