

Revised

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 1200 N. College St.
Description: Demolition and haul off of house
Address: 1200 N. College St.
City: Booneville County: Prentiss State: MS ZIP: 38829
Contact Person: Chris Lefler Telephone: _____

IV. OWNER INFORMATION: Name: Northeast Mississippi Community College
Full Mailing Address: _____
Contact Person: Amber Garner Telephone: 662-823-5172

V. ASBESTOS REMOVAL CONTRACTOR: Name: Century Construction & Realty, Inc.
Certification No.: _____ Expiration Date: _____
Full Mailing Address: PO Box 1366, Tupelo, MS 38802
Contact Person: Chris Lefler Telephone: 662-823-5172

VI. CONTRACTOR (Other): Name: Century Construction & Realty, Inc.
Full Mailing Address: PO Box 1366, Tupelo, MS 38802
Contact Person: Chris Lefler Telephone: 662-823-5172

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 08 / 01 / 17 Removal Project Stop: 08 / 10 / 17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 08 / 11 / 17 Project Stop: 08 / 30 / 17 Prep. Date: 07 / 30 / 17

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): +/-1,500 sq ft Bldg. Size (LNFT): _____
No. of Floors: 1 Age in Years: unknown
Present Use: none Prior Use: house

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No
Inspection Date: 08 / 15 / 13 Asbestos Present? ☒ Yes ☐ No
Inspector: Environmental Eval. & Control, Inc. Cert. No.: _____ Expiration Date: _____
Identify suspect materials sampled: see attached report
Laboratory Analysis: TEM PLM X Other _____
Name of Laboratory: CEI Labs

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface Area (SQ FT, 424 (flooring & ceiling))
Volume of Facility Components(CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS ☐ NOT REMOVED ☒ TO BE REMOVED:
Category I: see attached report Category II: see attached report

XIII. WASTE TRANSPORTER: Name: Century Construction & Realty, Inc.
Full Mailing Address: same as above
Contact Person: Chris Lefler Telephone: 662-844-3331 Ext. 226

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: 3 Rivers Landfill
 Physical Location: 1904 MS-76, Pontotoc, MS 38863
 Full Mailing Address: 1904 MS-76, Pontotoc, MS 38863
 Contact Person: Alicia Chism Telephone: 662-188-0444
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: Prentiss County Landfill
 Physical Location: 11 CR 5020, Booneville, MS 38829
 Full Mailing Address: same
 Contact Person: _____ Telephone: (662) 728-8307
 *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 checked="" 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 checked="" type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input checked="" type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input 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:
Wet method strip and removal prior to demolition, followed by demolition and haul-off of building.

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 immediately and contact the MDEQ for the next action to be taken.

*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 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.

Chris Lefler - Project Manager
 Type or Print Name & Title


 Signature

7/19/17
 Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
P.O. Box 2261
Jackson, MS 39225
(601) 961-5171
Jackson, MS 39201