

RECEIVED

DEC 06 2017

Dept. of Environmental Quality

## 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: Ole Miss - Kennon Observatory  
Description: Flooring / Mastic in planned Renovation.  
Address: 700 Hathorn Rd.  
City: Oxford County: Leflore State: MS ZIP: 38677  
Contact Person: Lorrie Barrett Telephone: 662-915-6767

IV. OWNER INFORMATION: Name: Ole Miss - Facilities Planning  
Full Mailing Address: 700 Hathorn Rd. University MS 38677  
Contact Person: Lorrie Barrett Telephone: 662-915-6767

V. ASBESTOS REMOVAL CONTRACTOR: Name: Enviro Rem  
Certification No.: ADC 4273 Expiration Date: June 20, 18  
Full Mailing Address: 1715 Lucharm Rd Memphis TN 38116  
Contact Person: W. Brown Telephone: 901-345-0000

VI. CONTRACTOR (Other): Name: N/A.  
Full Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):  
Removal Project Start: 12/1/17 Removal Project Stop: 12/1/17  
12/5/17 12/5/17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):  
Project Start: N/A Project Stop: \_\_\_\_\_ Prep. Date: \_\_\_\_\_

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 1400 Bldg. Size (LNFT): \_\_\_\_\_  
No. of Floors: 1.5 Age in Years: 60+  
Present Use: Observatory Prior Use: Observatory

X. ASBESTOS INSPECTION:  
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No  
Inspection Date: 6/1/18 Asbestos Present? ☒ Yes ☐ No  
Inspector: Lemar Gilman Cert. No.: ABE-1036 Expiration Date: 2/2/18  
Identify suspect materials sampled: All Floor in Renovation  
Laboratory Analysis: TEM PLM ☒ Other \_\_\_\_\_  
Name of Laboratory: Crisp Analytical

XI. QUANTITY OF RACM TO BE REMOVED:  
Pipes (LN FT) \_\_\_\_\_ Surface Area (SQ FT) N/A  
Volume of Facility Components (CU FT) N/A

XII. QUANTITY OF NONFRIABLE ASBESTOS ☐ NOT REMOVED ☒ TO BE REMOVED:  
Category I: 1250 SF mastic Category II: \_\_\_\_\_

XIII. WASTE TRANSPORTER: Name: Elex  
Full Mailing Address: 10636 Shelton Rd. Collierville TN 38017  
Contact Person: Norma Brown Telephone: 901-853-0953

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: EPlex  
 Physical Location: 10636 Shelton Rd, Collierville TN 38017  
 Full Mailing Address: Same.  
 Contact Person: Norman Brown. Telephone: 901-853-0957  
 \*All asbestos waste should go to a permitted sanitary landfill.

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS** (Other than asbestos):  
 Name: N/A.  
 Physical Location: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \*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 checked="" 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 type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

**XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:**  
Renovation of Observatory Flooring.  
 \_\_\_\_\_  
 \_\_\_\_\_

**XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:**  
upgrade contain ment & notify MDEQ  
 \_\_\_\_\_  
 \*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:  
N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  
N/A.

**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.

W. Brown VP-EI  
 Type or Print Name & Title

[Signature]  
 Signature

11/16/17  
 Date  
12/1/17

**MAIL TO:** Office of Pollution Control  
 P.O. Box 2261  
 Jackson, MS 39225  
 (601) 961-5171

**Physical Address** 515 Amite Street  
 Jackson, MS 39201