

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
 JAN 10 2013
 Dept of Environmental Quality

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

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

III. SITE INFORMATION: Name 1523 and 1525 City Ave N Ripley MS
 Description: Demolition of two condemned houses
 Address: 1523 and 1525 City Ave N
 City: Ripley County: Tippah State: MS ZIP: 38683
 Contact Person: _____ Telephone: 101 Cunningham Blvd, Booneville MS 38829

IV. OWNER INFORMATION: Name: Northeast Community College
 Full Mailing Address: 101 Cunningham Blvd, Booneville MS 38829
 Contact Person: Susan Cristo Telephone: 662-728-7751

V. ASBESTOS REMOVAL CONTRACTOR: Name: Century Construction Group, Inc
 Certification No.: 11403-MC Expiration Date: 7/8/18
 Full Mailing Address: PO Box 1366, Tupelo, MS 38802
 Contact Person: Dalton Lincoln Telephone: 662-844-3331

VI. CONTRACTOR (Other): Name: _____
 Full Mailing Address: _____
 Contact Person: _____ Telephone: _____

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
 Removal Project Start: 1 / 10 / 18 Removal Project Stop: 2 / 10 / 18

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
 Project Start: 1 / 10 / 18 Project Stop: 1 / 10 / 18 Prep. Date: 10 / /

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): +/- 1500 Bldg. Size (LNFT): _____
 No. of Floors: 1 Age in Years: _____
 Present Use: Residential Properties Prior Use: _____

X. ASBESTOS INSPECTION:
 Was site inspected to determine presence of asbestos: Yes No
 Inspection Date: 3 / 22 / 17 Asbestos Present? Yes No
 Inspector: Ron Robinson Cert. No.: ABE-00001499 Expiration Date: 5/6/2017
 Identify suspect materials sampled: Roofing, Tile, Mastic
 Laboratory Analysis: TEM _____ PLM Other _____
 Name of Laboratory: International Asbestos Testing Laboratories

XI. QUANTITY OF RACM TO BE REMOVED:
 Pipes (LN FT) N/A Surface Area (SQ FT) n/a
 Volume of Facility Components(CU FT) 300 cubic yds

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED:
 Category I: _____ Category II: _____

XIII. WASTE TRANSPORTER: Name: Century Construction Group, Inc.
 Full Mailing Address: Same as Above
 Contact Person: _____ Telephone: _____

