

# STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED  
MAY - 7 2018  
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 Senatobia Schools - 6th Grade Building  
Description: Classrooms contain cutback mastic. Hallways are modern non-acm. Vacant building pending re-occupancy in August.  
Address: 221 Warrior Drive  
City: Senatobia County: Tate Co State: MS ZIP: 38668  
Contact Person: Mike Smith Telephone: 221 Warrior Drive

**IV. OWNER INFORMATION:** Name: Senatobia School District  
Full Mailing Address: 221 Warrior Drive  
Contact Person: Mike Smith Telephone: 662 501 0990

**V. ASBESTOS REMOVAL CONTRACTOR:** Name: EnviroRem  
Certification No.: ABC-4273 Expiration Date: June 20, 2018  
Full Mailing Address: 1715 Locheam Road, Memphis, TN 38116  
Contact Person: Will Brown Telephone: 901 345 0000

**VI. CONTRACTOR (Other):** Name: NA  
Full Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 5 / 15 / 18 Removal Project Stop: 5 / 24 / 18

**VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: 5 / 29 / 18 Project Stop: TBD /    /    Prep. Date: TBD /    /   

**IX. BUILDING INFORMATION:** Bldg. Size (SQ FT): 20k SF Bldg. Size (LNFT): \_\_\_\_\_  
No. of Floors: 1 Age in Years: 40+  
Present Use: Vacant Classroom Building Prior Use: Classrooms

**X. ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No  
Inspection Date: 6 / 1 / 17 Asbestos Present? ☒ Yes ☐ No  
Inspector: Darryl May - 205-956-6999 Cert. No.: unk. Expiration Date: unk.  
Identify suspect materials sampled: 9x9 Floor Tile as Identified in Survey  
Laboratory Analysis: TEM PLM X Other \_\_\_\_\_  
Name of Laboratory: PSI - PA

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

**XII. QUANTITY OF NONFRIABLE ASBESTOS** ☐ NOT REMOVED ☒ TO BE REMOVED:  
Category I: 8100 SF tile/mastic Category II: \_\_\_\_\_

**XIII. WASTE TRANSPORTER:** Name: EBox  
Full Mailing Address: 10636 Shelton Rd, Collierville, TN 38017  
Contact Person: Norman 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: 10636 Shelton Rd, Collierville, TN 38017  
 Contact Person: Norman Brown Telephone: 901 853 0953  
 \*All asbestos waste should go to a permitted sanitary landfill.

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS** (Other than asbestos):  
 Name: NA  
 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 checked="" 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 selected office and classroom spaces, listing attached. Flooring to be removed within class II containment using hand tools and wetted with airless application.  
 Bag resulting debris. Apply mastic solvent and remove adhesive using razor scrapers and squeegees, absorb into shredded cellulose for bagged disposal.  
 Floor to be mopped with TSP prior to new flooring adhesive application. TEM Clearances to follow.

**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 containment if necessary and 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: NA Title: \_\_\_\_\_  
 Authority: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Demolition to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

**XX. EMERGENCY DEMOLITION/RENOVATIONS:** Date of Emergency: \_\_\_\_/\_\_\_\_/\_\_\_\_, Time: \_\_\_\_\_  
 Description of the sudden, unexpected event:  
NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  
NA

**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.

Will D. Brown, Vice President

Type or Print Name & Title

Signature

Date

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

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