

# STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED

MAY 09 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 E Tate Elementary Cafeteria VAT  
Description: VAT to be abated in Cafeteria area for renovation project  
Address: 6832 E Tate Road  
City: Coldwater County: Tate State: MS ZIP: 38618  
Contact Person: Greg Blair Telephone: 574 Parkway Street, Coldwater, MS 38618

IV. OWNER INFORMATION: Name: Tate County Schools  
Full Mailing Address: 574 Parkway Street, Coldwater, MS 38618  
Contact Person: Greg Blair Telephone: 662 292 0370

V. ASBESTOS REMOVAL CONTRACTOR: Name: EnviroRem  
Certification No.: ABC-4273 Expiration Date: June 20, 2018  
Full Mailing Address: 1715 Lochearn 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 / 24 / 17 Removal Project Stop: 5 / 29 / 18

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

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 24k Bldg. Size (LNFT): \_\_\_\_\_  
No. of Floors: 1 Age in Years: 40+  
Present Use: Classroom and office space Prior Use: classroom and office space

X. ASBESTOS INSPECTION:  
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No  
Inspection Date: Unk / / Asbestos Present? ☒ Yes ☐ No  
Inspector: Will Brown Cert. No.: ABI-3088 Expiration Date: 4/6/19  
Identify suspect materials sampled: PACM floor tile and mastic in cafeteria  
Laboratory Analysis: TEM PLM Other PACM  
Name of Laboratory: \_\_\_\_\_

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: 3400 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: EPLX  
 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:**  
 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.

**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 EnviroRem

Type or Print Name & Title

  
Signature

5/7/18  
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