

emailed 6/7/22

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE:

Original [checked] Revison [] Canceled []
Annual [] Info. Only []

II. TYPE OF PROJECT:

Renovation [] Demolition []
Ordered Demolition [] Emergency Renovation []

III. SITE INFORMATION:

Name: Shannon Elementary school
Description: floor tile and mastic
Address: 695 Romie Hill Ave.
City: Shannon County: LEE State: MS Zip: 38868
Contact Person: William Dexter Telephone: 662 397-5712

IV. OWNER INFORMATION:

Name: PRICIPAL ARCHITECT/ LEE COUNTY
Full Mailing Address: 1150 S GREEN St Suite 1F Tupelo MS 38802
Contact Person: WILLIAM V DEXTER Telephone: 662 397 5712

V. ASBESTOS REMOVAL CONTRACTOR:

Name: TURN KEY SERVICES
Certification No.: ABC-00010450 Expiration Date: JUNE 07 2022
Full Mailing Address: 3873 MACON RD MEMPHIS TN 38122
Contact Person: JAIRO ORTEZ Telephone: 901 626 3301

VI. CONTRACTOR (Other):

Name: Cook Development LLC
Full Mailing Address: 105 Jemison Rd. Caledonia MS 38740
Contact Person: LCCOOK Telephone: 662 436 4090

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):

Removal Project Start: 6 / 24 / 22 Removal Project Stop: 6 / 28 / 22

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):

Project Start: Project Stop: Prep. Date: 6 / 22 / 22

IX. BUILDING INFORMATION:

Bldg. Size (SQ FT): na Bldg. Size (LNFT): na
No. of Floors: 1 Age in Years: 25+
Present Use: SCHOOL Prior Use: SCHOOL

X. ASBESTOS INSPECTION:

Was site inspected to determine presence of asbestos: [checked] Yes [] No
Inspection Date: 2 / 02 / 22 Asbestos Present? [checked] Yes [] No
Inspector: MARTIN COOKE Cert. No.: ABI-0002227 Expiration Date: FEB 4TH 2022
Identify suspect materials sampled: FLOOR TILE AND MASTIC, WINDOW CAULKING.
Laboratory Analysis: TEM PLM XXX Other
Name of Laboratory: EMSL ANALYTICAL INC.

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT) Surface Area (SQ FT)
Volume of Facility Components(CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS

Category I: [] NOT REMOVED [checked] TO BE REMOVED;
Category II: 1,500sqF FLOOR TILE/MASTIC 40lnft caulking

XIII. WASTE TRANSPORTER:

Name: Resources Environmental Services
Full Mailing Address: P.O.Box 598 1041 CR 549 Ripley MS 38663
Contact Person: Shea Mask Telephone: 1 888 839 2830

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. **WASTE ASBESTOS DISPOSAL SITE:** Name: Three Rivers Landfill
Physical Location: 1904 MS 76
Full Mailing Address: 1904 MS 76 Pontotoc, MS 38863
Contact Person: Amanda Satterfield Telephone: 662 488 0444
*All asbestos waste should go to a permitted sanitary landfill.

XV. **DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):**
Name: Three Rivers Landfill
Physical Location: 1904 MS 76
Full Mailing Address: 1904 ms 76 Pontotoc, MS 38863
Contact Person: Amanda Satterfield Telephone: 662 488 0444
*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):**
 Strip & Removal Double Bagging Mechanical Chipping Component Removal
 Wrecking Ball Gross Demolition Remove Intact Bulldozer
 Containment Glove Bag Explode Negative Air
 Wet Method Roofing Saw 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.

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.

Jairo Ortiz
Type or Print Name & Title *owner*

[Signature]
Signature

June 7 - 2022
Date

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