

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received <b>5/31/22</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Milam Elementary School</b>				
Address: <b>720 W. Jefferson Street</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38804</b>	
Site Location: <b>Main Building</b>			Tel: <b>662-841-8920</b>	
Building Size: <b>Unknown</b>		# of Floors: <b>2</b>	Age in Years:	
Present Use: <b>Elementary School</b>		Prior Use: <b>Elementary School</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Tupelo Public School District</b>				
Address: <b>PO Box 577</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38802</b>	
Contact: <b>N/A</b>			Tel: <b>662-841-8850</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Snyder Environmental &amp; Construction, LLC</b>				
Address: <b>7705 Northshore Place</b>				
City: <b>North Little Rock</b>		State: <b>AR</b>	Zip: <b>72118</b>	
Contact: <b>Andrew Ables</b>			Tel: <b>601-559-2185</b>	
Certification Number: <b>ABC-00009502</b>			Expiration Date: <b>10-6-2022</b>	
OTHER OPERATOR: <b>N/A</b>				
Address: <b>N/A</b>				
City: <b>N/A</b>		State: <b>N/A</b>	Zip: <b>N/A</b>	
Contact: <b>N/A</b>			Tel: <b>N/A</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>1/13/2016</b>	
Inspector: <b>Willie Nester</b>		Certification Number: <b>ABI-00002244</b>	Expiration Date: <b>1/15/2016</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<b>PLM Bulk Samples</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>6,108 SF</b>				
Category I:		Category II: <b>Floor Tile/Mastic</b>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>6/27/2022</b> Complete: <b>7/8/2022</b>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**

Materials listed will be removed by hand so facility can be renovated.

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

Materials will be wetted before/during/after abatement, packaged, labeled & transported to certified landfill.

**XIII. WASTE TRANSPORTER #1**

Name: RES

Address: 1041 CR 549

City: Ripley

State: MS

Zip: 38663

Contact Person: Shea Mask

Tel: 662-882-3853

**WASTE TRANSPORTER #2**

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

**XIV. WASTE DISPOSAL SITE**

Name: Three Rivers Regional Landfill

Address: 1904 Parkway West

City: Pontotoc

State: MS

Zip: 38863

Contact Person: Jeff Stanford

Tel: 662-489-2415

**XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name: n/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

**XVI. FOR EMERGENCY RENOVATIONS: N/A**

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

N/A

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

N/A

**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Wet the unexpected, make safe and notify DEQ.

**XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE 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.**

Barbara McElroy

Type or Print Name

*Barbara McElroy*  
(Signature of Owner/Operator)

5/31/2022

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Barbara McElroy

Type or Print Name

*Barbara McElroy*  
(Signature of Owner/Operator)

5/31/2022

(Date)