STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.
Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE:  
   - [ ] Original  
   - [ ] Revision  
   - [ ] Canceled  
   - [X] Annual  
   - [ ] Info. Only

II. TYPE OF PROJECT:  
   - [X] Renovation  
   - [ ] Demolition  
   - [ ] Ordered Demolition  
   - [ ] Emergency Renovation

III. SITE INFORMATION:  
   Name: SALTIMO ELEMTARY SCHOOL  
   Description: Roof tile and mastic  
   Address: 424 S 5th Ave, S 699  
   City: SALTIMO  
   County: LEE  
   State: MS  
   Zip: 38866  
   Contact Person: William Dexter  
   Telephone: 662-397-6712

IV. OWNER INFORMATION:  
   Name: PRINCIPAL ARCHITECT/LEE COUNTY  
   Full Mailing Address: 1150 5 GREEN ST SITE IF TYPE 1 MS 38802  
   Contact Person: William V Dexter  
   Telephone: 662-640-8062

V. ASBESTOS REMOVAL CONTRACTOR:  
   Name: TURN KEY SERVICES  
   Certification No: ABC-0010450  
   Expiration Date: JUNE 30 2022  
   Full Mailing Address: 3872 MACON RD MEMPHIS TN 38122  
   Contact Person: JORGE ORTIZ  
   Telephone: 901-626-3351

VI. CONTRACTOR (Other):  
   Name: Cook Development LLC  
   Full Mailing Address: 105 Jersey Rd Caledonia, MS 39016  
   Contact Person: LC Cook  
   Telephone: 662-456-4990

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: 5/12/22

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: [ ] Yes  
   [ ] No  
   Inspection Date: 4/22/22  
   Asbestos Present: [ ] Yes  
   [ ] No  
   Inspector: MARTIN GOODE  
   Cert. No: AB0-0020427  
   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 (LNFT):  
   Surface Area (SQ FT):  
   Volume of Facility Components (CU FT):  

XII. QUANTITY OF NONFRIABLE ASBESTOS:  
   Category I:  
   Category II:  

   [ ] NOT REMOVED  
   [X] TO BE REMOVED

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: 1 888 639 2830

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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 Poneto, MS 38863
Contact Person: Amanda Satterfield
Telephone: 662-468-0444
*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 Pontotoc MS 38863
Full Mailing Address: 1904 MS Pontotoc MS 38863
Contact Person: Amanda Satterfield
Telephone: 662-468-0444
*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
- Wrecking Ball
- Containment
- Wet Method
- Double Bagging
- Gross Demolition
- Glove Bag
- Mechanical Chipping
- Roofing Saw
- Component Removal
- Remove Intact
- Explode
- Bulldozer
- Negative Air
- 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 water as 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: NA
Authority: NA
Date of Order: NA
Date Demolition to Begin: NA

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.

Jaice Onex
Type or Print Name & Title

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

Physical Address 515 Amite Street
Jackson, MS 39201

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