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
- 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 Remie Hill Ave.
City: Shannon
County: LEE
State: MS
Zip: 38868
Contact Person: William Dexter
Telephone: 662 397 4712

IV. OWNER INFORMATION:
Name: PRINCIPAL ARCHITECT/LEE COUNTY
Full Mailing Address: 150 S Green St Suite 1F Tupelo MS 38804
Contact Person: WILLIAM V DEXTER
Telephone: 662 397 4712

V. ASBESTOS REMOVAL CONTRACTOR:
Name: TURN KEY SERVICES
Certification No.: ABC-00010410
Full Mailing Address: 5873 MACON RD MEMPHIS TN 38122
Contact Person: JACO CORTEZ
Telephone: 901 626 3301

VI. CONTRACTOR (Other):
Name: Cook Development LLC
Full Mailing Address: 165 Jimison Rd. Caledonia MS 38740
Contact Person: LC COOK
Telephone: 662 435 4090

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 05/24/22
Removal Project Stop: 06/28/22

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start:
Project Stop:
Prep. Date: 06/22/22

IX. BUILDING INFORMATION:
Bldg. Size (SQ FT): 98
Bldg. Size (LNFT): 98
No. of Floors: 1
Age in Years: 26+
Present Use: SCHOOL
Prior Use: SCHOOL

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: Yes
Inspection Date: 02/02/22
Asbestos Present: Yes
Inspector: MARTIN COCKE
Cert. No.: ABI-002227
Laboratory Analysis: FLOOR TILE AND MASTIC, WINDOW CAULKING
Name of Laboratory: EMSL ANALYTICAL INC
Expiration Date: FEB 4TH 2022

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

XII. QUANTITY OF NONFRIBILE ASBESTOS:
Category I:
Category II: 1.520 FLOOR TILE/MASTIC 40/40ft caulking

XIII. WASTE TRANSPORTER:
Name: Resources Environmental Services
Full Mailing Address: P.O Box 359 1041 CR 549 Ripley MS 38663
Contact Person: Shea Mask
Telephone: 1 888 839 2630

KDOCS/WEB FORMS/ASB PROJECT NOTIFICATION FORM 1-22-14
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
- Wrecking Ball
- Containment
- Wet Method
- Double Bagging
- Gross Demolition
- Glove Bag
- Roofing Saw
- Mechanical Chipping
- Demolition
- Explode
- Other - Explain Below:
Component Removal
Bulldozer
Negative Air

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Floors to be removed within class II containment using hand tools and waited 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 CRUMBELED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Upgrade containment if necessary and notify MDQE.

*Will MDQEQ be notified of any significant changes? ☑ Yes ☐ No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: NA
Authority: NA
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

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

K:DOCS/Web Forms/Asb. Project Notification Form 1-22-14