

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Little Dixie Landfill
Physical Location: 1716 County Line Road
Full Mailing Address: Ridgeland, MS 39157
Contact Person: Shane Haselhoff Telephone: (601) 982-9488
*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: Same as Above
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):
[X] Strip & Removal [X] Double Bagging [] Mechanical Chipping [X] Component Removal
[] Wrecking Ball [] Gross Demolition [X] Remove Intact [] Bulldozer
[X] Containment [X] Glove Bag [] Explode [] Negative Air
[X] Wet Method [] Roofing Saw [] Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
[]
[]
[]

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Set up regulated area, lock down, then clean up with bagging method and HEPA vacuums.
*Will MDEQ be notified of any significant changes? (X)Yes ()No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: N/A Title:
Authority:
Date of Order: Date Demolition to Begin: / /

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: / / Time:
Description of the sudden, unexpected event:
N/A

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

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.

Jessica H. Williams Safety Supervisor
Type or Print Name & Title

Jessica H. Williams
Signature

11/29/16
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