

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE: () Original (X) Revision () Canceled
 () Annual () Info. Only

II. TYPE OF PROJECT: () Renovation (X) Demolition
 () Ordered Demolition () Emergency Renovation

III. SITE INFORMATION: Name Lakewood Funeral Home
 Description: _____
 Address: 6011 Clinton Blvd
 City: Clinton County: Hinds State: MS ZIP: 39056
 Contact Person: Bobby Harrell Telephone: 601-922-2123

IV. OWNER INFORMATION: Name: Lakewood Funeral Home
 Full Mailing Address: 6011 Clinton Blvd, Clinton, MS 39056
 Contact Person: Bobby Harrell Telephone: 601-922-2123

V. ASBESTOS REMOVAL CONTRACTOR: Name: Eagle Construction
 Certification No.: ABC 1799 Expiration Date: 8/25/17
 Full Mailing Address: 1450 Old Brandon Rd., Flowood, MS 39232
 Contact Person: Chuck Womack Telephone: 601-940-5411

VI. CONTRACTOR (Other): Name: Faircloth Demolition
 Full Mailing Address: P. O. Box 1296, Clinton, MS 39060-1296
 Contact Person: Mark Parkman Telephone: 601-922-5632

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
 Removal Project Start: 12 / 27 / 16 Removal Project Stop: 12 / 31 / 16

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
 Project Start: 12 / 27 / 16 Project Stop: 1 / 31 / 16 Prep. Date: / /

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 5,000 Bldg. Size (LNFT): _____
 No. of Floors: 1 Age in Years: 60
 Present Use: Office Prior Use: Office

X. ASBESTOS INSPECTION:
 Was site inspected to determine presence of asbestos: (X) Yes () No
 Inspection Date: 12 / 7 / 16 Asbestos Present? (X) Yes () No
 Inspector: Chuck Womack Cert. No.: ABI - 2432 Expiration Date: 5/19/17
 Identify suspect materials sampled: Laboratory Analysis: sheetrock wall/ceiling/plaster/floor tile/flue wrap/window glaze
 TEM _____ PLM _____ X Other _____
 Name of Laboratory: EHS

XI. QUANTITY OF RACM TO BE REMOVED:
 Pipes (LN FT) 12 In.ft.flue pipe Surface Area (SQ FT) _____
 Volume of Facility Components(CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED X **TO BE REMOVED:**
 Category I: 400 sq. ft. floor tile & mastic Category II: _____

XIII. WASTE TRANSPORTER: Name: Eagle Construction
 Full Mailing Address: 1450 Old Brandon Rd., Flowood, MS 39232
 Contact Person: Chuck Womack Telephone: 601-940-5411

RECEIVED
 DEC 15 2016
 Dept. of Environment & Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: BFI Little Dixie
Physical Location: 1716 County Line Rd., Ridgeland, MS 39257
Full Mailing Address: Same
Contact Person: Mike Raley Telephone: 601-982-9488

*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):

Name: Faircloth Rubbish Landfill
Physical Location: 1312 Springridge Rd, Clinton, MS 39056
Full Mailing Address: Same
Contact Person: Mark Parkman Telephone: 601-922-5632

*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 Component Removal
Wrecking Ball Gross Demolition Remove Intact Bulldozer
X Containment Glove Bag Explode X Negative Air
X Wet Method Roofing Saw Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Removal of asbestos containing materials with hand tools

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

Stop work and notify competent person

*Will MDEQ be notified of any significant changes? (X)Yes ()No

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

Name: Title: Authority:
Date of Order: Date Demolition to Begin: / /

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: / / , Time: _____

Description of the sudden, unexpected event:

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.

Chuck Womack, COO
Type or Print Name & Title

Signature

12/15/16
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