STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

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

I,	TYPE OF NOTICE:
11.	TYPE OF PROJECT: Renovation Demolition Ordered Demolition Emergency Renovation
III.	SITE INFORMATION: Name Columbus City Hall Description: Address: 524 MAIN ST City: Columbus County: Loundes State: M5 ZIP: 39701 Contact Person: JEFF Johnson Telephone: 662 - 386-4767
IV.	OWNER INFORMATION: Name: City of Columbus Full Mailing Address: 524 MAIN STREET COLUMBUS, MS39701 Contact Person: ROBERT SMITH Telephone: 328-7021
V.	ASBESTOS REMOVAL CONTRACTOR: Name: ED CIAY Certification No.: ABC · 0000 5192 Expiration Date: 4-7-17 Full Mailing Address: 4544 CAL STEENS RD CALEDONIA, MS 39140 Contact Person: ED CIAY Telephone: 662-386-6386
VI.	CONTRACTOR (Other): Name:
VII.	ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Start: 12 /28/16 Removal Project Stop: 12 /30 / 16
VIII.	DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start:/ Project Stop:// Prep. Date://
IX.	BUILDING INFORMATION: Bldg. Size (SQ FT): Bldg. Size (LNFT): No. of Floors: Z Age in Years:
х.	ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos: Inspection Date: 12/13/16 Asbestos Present? Inspector: ED CIA Cert. No.: ABI-0006706 Expiration Date: 7-21-17 Identify suspect materials sampled: Floor Tile + MASTIC Laboratory Analysis: TEM PLM X Other
XI.	QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) Surface Area (SQ FT) Surface Area (SQ FT) TO BE REMOVED: QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED: Category I: Category II:
KII.	QUANTITY OF NONFRIABLE ASBESTOS Category I: X TO BE REMOVED: Solution To BE RE
KIII.	WASTE TRANSPORTER: Name: GOBOY Full Mailing Address: 100 Rose CREST DRIVE Columbus, MS 39701 Contact Person: Par Boyn Telephone: 662-328-5642

STATE OF MISSISSIPPI DEMOLITON/RENOVATION FORM - CONTINUED

F C *,	hysical Locat							
*,	'uli ivialling Ad	ddress: 6447 W	AHALAK	RD SHUA	alar M	393	358	
*	ontact Perso.	n: KOLAND E	DMONDS	Telepho	ne: 662	- 793	- 4195	
D	All asbestos v	vaste should go to a per	mitted sanita	ary landfill.	05.0002a.50			
	DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):							
	Name:Physical Location:							
P	'hysical Locat	ion:						
F-1	uli Mailing Ad	idress:						
, , , , , , , , , , , , , , , , , , ,	ontact Person	n:		Telepho	ne:			
"/	All demolitio	debris (other than asbe	estos) should	go to an authorize	d Rubbish Site,	or to a perr	mitted sanitary landfi	
: R	REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply): Strip & Removal Double Bagging Mechanical Chipping Component Removal							
_	Strip & Re	moval <u>X</u> Double	Bagging	Mechanical (hipping	Com	ponent Removal	
_	Wrecking	BallGross D	emolition	Remove Intac	:t	Bullo	dozer	
_	Containm	ent Glove B	lag	Explode		_X Neg	ative Air	
-	X Wet Meth	od Roofing	j Saw	Other - Explai	n Below:	Stories di Gold		
l. D	ESCRIPTION	OF PLANNED DEMOLI	TIONOR REN	OVATION WORK:				
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D:	III VEDIZED	TO BE FOLLOWED IF U	NEXPECTED	ACM IS FOUND O	K NONFRIABL	E ACM BEC	OMES CRUMBLED,	
F-1	OLVERIZED,	OR REDUCED TO A POL	NDER OR SIV	IALL PIECES:			_	
70.00	CEASE	WORK, CONT	act pr	OJECT WAWA	ger Rea	SSESTO	ON TACT MDEG	
*V	Will MDEO be	notified of any significat	nt changes?	Payes / DNo				
			•					
IF	DEMOLITIO	N ORDERED BY A GOVE	ERNMENT A	GENCY, IDENTIFY	THE AGENCY	BELOW:		
Na Na	ame:			Title:				
Αι	uthority:							
Da	ate of Order:			Date Dem	olition to Begi	n:/_	/	
E 7	MERGENCY [DEMOLITION/RENOVAT	IONS: Date	of Emergency:	_// T	ime:		
EI	escription of	the sudden, unexpected	event:					
De								
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_	oplanation of	how the event caused u	nsafe conditi	ions or would cause	equipment da	amage or ur	nreasonable financial	
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