

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Revised: 3/08

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

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

III. SITE INFORMATION: Name: Youngs Building
Description: _____
Address: 433 Webb St.
City: Fraser Point County: Coahoma State: MS Zip: 38631
Contact Person: Daryl Youngs Telephone: 662 822-8147

IV. OWNER INFORMATION: Name: Daryl Youngs
Full Mailing Address: 519 S. Theobald St Greenville, MS 38701
Contact Person: Daryl Youngs Telephone: 662 822-8147

V. ASBESTOS REMOVAL CONTRACTOR: Name: Lesure's Demolition
Certification No.: ABC-00001324 Exp. Date: 01/28/2017
Full Mailing Address: 547 E. O'Hara Greenville, MS 38701
Contact Person: Charles Lesure Telephone: 662 820-9595

VI. CONTRACTOR (Other): Name: Lesure's Demolition
Full Mailing Address: 547 E. O'Hara St. Greenville, MS 38701
Contact Person: Charles Lesure Telephone: 662 820-9595

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 12/23/14 Removal Project Stop: 12/23/14

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 12/27/14 Project Stop: 12/30/14 Prep. Date: / /

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 1280 sqft Bldg. Size (LN FT): _____
No. of Floors: 1 Age in Years: 50+ yrs
Present Use: no vacant dwelling Prior Use: dwellling

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? (x) yes () no
Inspection Date: 03/06/13 Asbestos Present? (x) yes () no
Inspector: Vance Nimrod Cert. No.: AB1 00001505 Exp. Date: 05/15/2013
Identify suspect materials sampled: _____
Laboratory Analysis: TEM _____ PLM (x) _____ Other _____
Name of Laboratory: CEI Laboratory

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface Area (SQ FT) _____
Volume of Facility Components (CU FT) _____
240 sq ft chrysotile
west wall
240 sq ft chrysotile
east wall

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED TO BE REMOVED:
Category I: / Category II: /

XIII. WASTE TRANSPORTER: Name: Lesure's Demolition
Full Mailing Address: 547 E. O'Hara St. Greenville, MS 38701
Contact Person: Charles Lesure Telephone: 662-820-9595

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: BFI Big River Landfill

Physical Location: Hwy 82 E. Landfill Rd.

Full Mailing Address: 52 Landfill Rd.

Contact Person: Terrance Williams Telephone: 662 335-1014

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

RECEIVED

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

Name: _____

Physical Location: _____

Full Mailing Address: _____

Contact Person: _____ Telephone: _____

DEC 19 2016

Dept. of Environmental Quality

* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):

- Strip & Removal
- Double Bagging
- Mechanical Chipping
- Component Removal
- Wrecking Ball
- Gross Demolition
- Remove Intact
- Bulldozer
- Containment
- Glove Bag
- Explode
- Negative Air
- Wet Method
- Roofing Saw
- Other - Explain Below: _____

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Wet asbestos & remove

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

Stop work contact EPA DEQ

*Will MDEQ be notified of any significant changes? () yes () no

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

Name: _____ Title: _____

Authority: N/A

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.

Charles Lesum, President IESO
Type or Print Name and Title

Charles Lesum
Signature

12/19/16
Date

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

Physical address: Office of Pollution Control
515 Amite Street
Jackson, MS 39201