

## 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 The Village Shopping Center  
Description: ONE story office Complex Brick/Concrete/Glaze/Steel.  
Address: 1427 South Main Street  
City: Greenville County: Washington State: MS ZIP: 38701  
Contact Person: DANNY BAILEY Telephone: 662 719 6169
- IV. **OWNER INFORMATION:** Name: South Delta Planning & Development  
Full Mailing Address: 124 South Broadway Street, Greenville, MS 38701  
Contact Person: DANNY BAILEY Telephone: 662 719-6169
- V. **ASBESTOS REMOVAL CONTRACTOR:** Name: Jimmy Bell  
Certification No.: ABC-00001282 Expiration Date: 1/30/17  
Full Mailing Address: P.O. Box 133 Delta City, MS 39041  
Contact Person: Jimmy Bell Telephone: 662 873-4551
- VI. **CONTRACTOR (Other):** Name: Timbo Construction Inc  
Full Mailing Address: Hwy 61 North, Cleveland, MS 38732  
Contact Person: DANNY BAILEY Telephone: \_\_\_\_\_
- VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 1/4/17 Removal Project Stop: 1/15/17
- VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: 1/18/17 Project Stop: 4/19/17 Prep. Date: 1/17/18
- IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 14,250 Bldg. Size (LNFT): 6  
No. of Floors: 1 Age in Years: 40+-  
Present Use: VACANT Prior Use: OFFICE SPACE
- X. **ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos: (  ) Yes ( ) No  
Inspection Date: 8/3/16 Asbestos Present? (  ) Yes ( ) No  
Inspector: VANCE NIMRODPE. Cert. No.: AB2-0001505 Expiration Date: 3/3/17  
Identify suspect materials sampled: Asbestos Floor Tile/Mastic  
Laboratory Analysis: TEM \_\_\_\_\_ PLM  Other \_\_\_\_\_  
Name of Laboratory: E.M.S.L. ANALYTICAL, INC BATON ROUGE, LA 70809
- XI. **QUANTITY OF RACM TO BE REMOVED:**  
Pipes (LN FT) 0 Surface Area (SQ FT) 14,250 SF  
Volume of Facility Components (CU FT) 0
- XII. **QUANTITY OF NONFRIABLE ASBESTOS** NOT REMOVED 14,250 TO BE REMOVED:  
Category I: \_\_\_\_\_ Category II: NONFRIABLE FLOOR TILE/MASTIC
- XIII. **WASTE TRANSPORTER:** Name: Jimmy Bell  
Full Mailing Address: P.O. Box 133, Delta City, MS 39041  
Contact Person: Jimmy Bell Telephone: 662 873-4551

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

RECEIVED  
DEC 27 2016

Dept. of Environmental Quality

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: B.F.J. / Big River Landfill  
 Physical Location: 52 Landfill Road, Leland, MS 38756  
 Full Mailing Address: 52 Landfill Rd., Leland, MS 38756  
 Contact Person: Tiffany Hughes Telephone: 662 332-7927  
 \*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):  
 Name: Landfill Management, Inc.  
 Physical Location: Old Hwy 61 South and Airport Rd., Leland, MS 38756  
 Full Mailing Address: P.O. Box 870, Leland, MS 38756  
 Contact Person: Tommy Hendrix Telephone: 662 686-4184  
 \*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):

<input type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:  
PREP WORK AREA, SEAL OFF ALL ENTRANCES. PROVISION LINED DUMPSTER.  
WET REMOVE, BAG, REMOVE MASH, CLEAN/VAC, AWAIT AIV CLEARANCE  
by AIV MONITOR.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:  
CONTACT OWNER, MAKE CHANGES

\*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: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Demolition to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

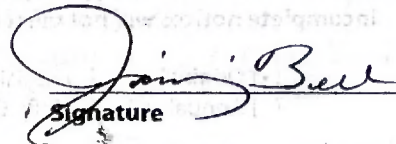
XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: \_\_\_\_/\_\_\_\_/\_\_\_\_, Time: \_\_\_\_\_  
 Description of the sudden, unexpected event:  
 \_\_\_\_\_

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.

Jimmy Bell / contractor  
 Type or Print Name & Title

  
 Signature

12/23/16  
 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