

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

please type or print legibly

Incomplete notices will not meet notification requirements.

Revised: 2/00

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: Shell Station Description: Demolition Address: 3272 US Hwy 49 City: Mendenhall County: Simpson State: MS Zip: 39114 Contact Person: Eddie Taylor Telephone: 601-502-6189

IV. OWNER INFORMATION: Name: A.D. Chandan Full Mailing Address: 3272 Simpson Hwy 49, Mendenhall, MS 39114 Contact Person: Telephone:

V. ASBESTOS REMOVAL CONTRACTOR: Name: SPECIALTY ABATEMENT SERVICES, INC. Certification No.: ABC-0001660 Exp. Date: 11/11/2017 Full Mailing Address: P.O. BOX 15925, HATTIESBURG, MS 39404-5925 Contact Person: William H. Stamps Telephone: 601-264-5550 RECEIVED DEC 30 2016

VI. CONTRACTOR (Other): Name: Commercial Construction and Maintenance Full Mailing Address: 3664 Guyton Rd., Hoover, AL 35244 Contact Person: Jody Jordan Telephone: 205-305-7252 Dept. of Environmental Quality

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY) Removal Project Start: 1/16/2017 Removal Project Stop: 1/20/2017 RECEIVED

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY) Project Start: 1/16/2017 Project Stop: 1/31/2017 Prep. Date: Dept. of Environmental Quality JAN 3 - 2017

IX. BUILDING INFORMATION Building Size (SQ FT): 2,400 SF Building Size (LN FT): No. of Floors: 1 Age in Years: 40 Present Use: Vacant Prior Use: Gas Station / convenience store

X. ASBESTOS INSPECTION: Was site inspected to determine the presence of asbestos? [X] Yes [] No Inspection Date: Asbestos Present? [X] Yes [] No Inspector: Don Cooley Cert. No.: ABI-00001363 Exp. Date: Identify suspect materials sampled: Floor Tile w/ Mastic, Drywall, Textured Ceiling /wall, sheet vinyl, roofing, Laboratory Analysis: TEM [] PLM [X] Other: Name of Laboratory: IATL

XI. QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) N/A Surface Area (SQ FT) 2,400 SF VAT&M / 2,400 SF Ceilings/ 600 SF Drywall Volume of Facility Components (CU FT) N/A

XII. QUANTITY OF NONFRIABLE ASBESTOS - [] NOT REMOVED [X] TO BE REMOVED Category I: see above Category II: N/A

XIII. WASTE TRANSPORTER: Name: Specialty Abatement Services, Inc. Full Mailing Address: PO Box 15242, Hattiesburg, MS 39404 Contact Person: W. H. Stamps Telephone: 601-264-5550

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM- CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Pine Belt Regional Landfill

Physical Location: Hwy 29 N., Runnelstown, MS

Full Mailing Address: P. O. Box 1998, Hattiesburg, MS 39403

Contact Person William Sperry

Telephone: 601-545-6676

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

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

Name: Simpson County Rubbish Facility

Physical Location: Macedonia Rd., Mendenhall, MS 39114

Full Mailing Address: PO Box 308, Mendenhall, MS 39114

Contact Person: Tommy Joe Harvey Telephone 601-847-1992

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

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Remove asbestos containing materials using wet methods prior to demolition by others

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

All work will cease. The area will be further isolated, the friable ACM will be wetted and/or HEPA vacuumed and containerized, the Owner will be notified and an abatement plan will be prepared and implemented.

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

XIX. IF DEMOLITON 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: _____

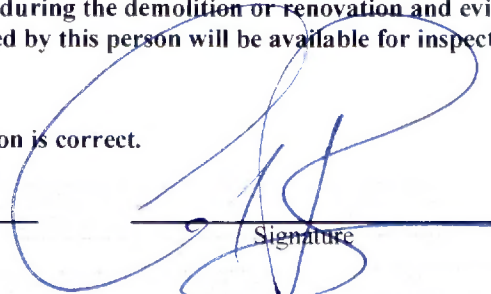
Description of the sudden, unexpected event: _____

Explantion 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.

Anthony I. Bryant, General Manager
Type or Print Name and Title



Signature

12/28/2016
Date

MAIL TO: Office of Pollution Control
515 Amite Street
Jackson, MS 39201
(601) 961-5171

OR

P.O. Box 2261
Jackson, MS 3925