

**STATE OF MISSISSIPPI  
DEMOLITION/RENOVATION NOTIFICATION FORM**

Revised: 2100

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

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

**III. SITE INFORMATION**

Name: Camp Shelby  
Description: Storage Bldg 3255, 3215, 3280-83, 3289,  
Address: Camp Shelby MS  
City: Camp Shelby County: \_\_\_\_\_ State: MS Zip: 39407  
Contact Person: Paul Loftus Telephone: 601-264-6676

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DEC 21 2016

Dept. of Environmental Quality

**IV. OWNER INFORMATION**

Name: MS Military Department  
Full Mailing Address: Jackson, MS.  
Contact Person: Eddie Middleton Telephone: 601-558-2013

**V. ASBESTOS REMOVAL CONTRACTOR**

Name: Environmental Services, LLC  
Certification No: ABC-00001353 Exp. Date: 4-17  
Full Mailing Address: 253 Delk Road Hattiesburg, MS 39401  
Contact Person: Joe Venus Jr. Telephone: 601 582-2277

**VI. CONTRACTOR (Other)**

Name: Casablanca Construction  
Full Mailing Address: 9 Thomas Drive, Hattiesburg, MS 39401  
Contact Person: Paul Loftus Telephone: 601-264-6880

**VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY)**

Removal Project Start: 12/28/16 Removal Project Stop: 1/5/17

**VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY)**

Project Start: N/A Project Stop: \_\_\_\_\_ Prep. Date: \_\_\_\_\_

**IX. BUILDING INFORMATION**

Bldg. Size (SQ FT): 3 @ 15,000 +/- Bldg. Size (LN FT): \_\_\_\_\_  
No. of Floors: 1 Age in Years: over 20  
Present Use: empty Prior Use: barracks

**X. ASBESTOS INSPECTION:**

Was site inspected to determine presence of asbestos? (x) Yes    () no  
Inspection Date: N/A Asbestos Present? (x) Yes    () no  
Inspector \_\_\_\_\_ Cert. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Identify suspect materials sampled: Flooring  
Laboratory Analysis: TEM X PLM Other: \_\_\_\_\_  
Name of Laboratory: \_\_\_\_\_

**XI. QUANTITY OF RACM TO BE REMOVED:**

Pipes (LN FT): N/A Surface Area \_\_\_\_\_ (SQ FT)  
Volume of Facility Components (CU FT) \_\_\_\_\_

**XII. QUANTITY OF NONFRIABLE ASBESTOS:**

Category I: 160 LF of caulking Category II: 1,200 siding / SF

NOT REMOVED    X TO BE REMOVED

**XIII. WASTE TRANSPORTER:**

Name: Enviro, Inc.  
Full Mailing Address: 101 Broadway drive, Hattiesburg, MS 39401  
Contact Person: John Telephone: 601-584-9955

**STATE OF MISSISSIPPI  
DEMOLITION/RENOVATION FORM -CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: Pine Belt Regional Waste Auth.  
Physical Location: 5274 Hwy 29 Ovett, MS 39464  
Full Mailing Address: P.O. Box 389 Petal, MS 39465  
Contact Person: \_\_\_\_\_ Telephone: 601-545-6676

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

Name: --N/A.  
Physical Location:  
Full Mailing Address:  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\* 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):**

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

**XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK**

Remove ACM using wet method

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

Stop work call MDEQ

Will MDEQ be notified of any significant changes?  yes  no

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

Name: N/A Title: \_\_\_\_\_  
Authority:  
Date of Order: \_\_\_\_\_ Date Demolition to Begin: I I

**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**

Type or Print Name and Title: Joe Venus / Owner Signature:  Date: 12/16/16

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

OR P.O. Box 2261  
Jackson, MS. 39225