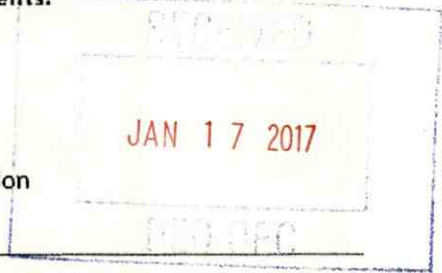


STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.



- 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 Mississippi Polymers, Inc. Description: Demolition of a Warehouse Address: 2733 S. Harper Road City: Corinth County: State: MS ZIP: 38834 Contact Person: Ron Whisenant Telephone: (662) 284-8522
IV. OWNER INFORMATION: Name: Ron Whisenant Full Mailing Address: 2733 South Harper Rd. Corinth, MS 38834 Contact Person: Alberto Albarracin Telephone: (662) 287-1404 Ext. 234
V. ASBESTOS REMOVAL CONTRACTOR: Name: Southern Global Safety Services Certification No.: ABC-00007788 Expiration Date: May 2nd, 2017 Full Mailing Address: 1970 Red Sulfur Rd., Counce, TN 38326 Contact Person: Bobby F. Rainey Telephone: (731) 727-4152
VI. CONTRACTOR (Other): Name: Century Construction Full Mailing Address: 705 Robert E. Lee Dr. Tupelo, MS 38801 Contact Person: Chris Lefler Telephone: (662) 823-5173
VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Start: 01 / 19 / 2017 Removal Project Stop: 01 / 20 / 2017
VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start: 02 / 15 / 2017 Project Stop: 03 / 31 / 2017 Prep. Date:
IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 180,000 Bldg. Size (LNFT): 500' X 310' & 50' X 500' No. of Floors: 2 Age in Years: 1969 Present Use: Warehouse Prior Use: Warehouse
X. ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos: (X) Yes () No Inspection Date: 12 / 12 / 2017 Asbestos Present? (X) Yes () No Inspector: David Loague Cert. No.: ABL-0001796 Expiration Date: 08/05/2017 Identify suspect materials sampled: Floor Tile Laboratory Analysis: TEM PLM (X) Other Chrysotile 8-10% in Floor tile Name of Laboratory: EDL Labs, Inc. 39 Davis Swan Lane Purvis, MS 39475
XI. QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) Surface Area (SQ FT) Volume of Facility Components(CU FT)
XII. QUANTITY OF FRIABLE ASBESTOS NOT REMOVED 120 Sq Ft. TO BE REMOVED: Category I: 120 Sq Ft. Category II:
XIII. WASTE TRANSPORTER: Name: Southern Global Safety Services Full Mailing Address: 1970 Red Sulfur Rd, Selmer, TN 38326 Contact Person: Bobby F. Rainey Telephone: (731) 727-4152

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Jackson Madison County Development
 Physical Location: 550 Aaron Long Rd., Jackson, TN
 Full Mailing Address: 550 Aaron Long Rd., Jackson, TN
 Contact Person: _____ Telephone: 731-424-6404
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: Waste Connections
 Physical Location: 2941 County Rd. 302, Walnut, MS 38683
 Full Mailing Address: 2941 County Rd. 302, Walnut, MS 38683
 Contact Person: _____ Telephone: (662)-223-6800
 *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 type="checkbox"/> Double Bagging	<input checked="" type="checkbox"/> Mechanical Chipping	<input checked="" type="checkbox"/> Component Removal
<input checked="" type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input checked="" type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input checked="" type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
 Demo/remove the warehouse space

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
 Suspect ACM will be sampled and removed if necessary.

 *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.
 Ron Whisenant, Director of Eng & Maintenance
 Type or Print Name & Title


 Signature

1/17/2017
 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