

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: Original Revision Canceled
 Annual Info. Only

II. TYPE OF PROJECT: Renovation Demolition
 Ordered Demolition Emergency Renovation

III. SITE INFORMATION: Name: Fieldcrest Apartments
Description: Burned Apt - Renovation
Address: 135 Russell Drive
City: Waynesboro County: Wayne State: MS Zip: 39367
Contact Person: Jeff Ausbrook Telephone: 601-735-3390

IV. OWNER INFORMATION: Name: J4 Development
Full Mailing Address: 1700 Jay Ell Drive, Suite 100, Richardson, Tx 75081
Contact Person: Jeff Ausbrook Telephone: 972-930-7075

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

VI. CONTRACTOR (Other): Name: Owner
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY)
Removal Project Start: 1/30/17 Removal Project Stop: 2/3/17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY)
Project Start: 1/30/17 Project Stop: 6/30/17 Prep. Date: _____

IX. BUILDING INFORMATION Building Size (SQ FT): 10,000 SF Building Size (LN FT): _____
No. of Floors: 2 Age in Years: 30
Present Use: Residential Prior Use: Residential

X. ASBESTOS INSPECTION:
Was site inspected to determine the presence of asbestos? Yes No
Inspection Date: 10/26/16 Asbestos Present? Yes No
Inspector: Ali Berezin Cert. No.: ABI-0006882 Exp. Date: _____
Identify suspect materials sampled: Floor Tile w/ Mastic, Drywall, Textured Ceiling /wall, sheet vinyl, roofing, mirror mastic
Laboratory Analysis: TEM PLM Other _____
Name of Laboratory: J3 Resources Inc.

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

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED 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: _____

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)

- 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:

Remove asbestos tile and mastic using wet methods prior to further renovation 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 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: _____

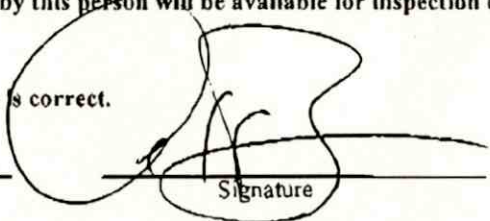
Description of the sudden, unexpected event: _____

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.

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



Signature

1/23/2017
Date

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

OR

P.O. Box 2261
Jackson, MS 3925