

## 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

RECEIVED  
 JAN 25 2017

**III. SITE INFORMATION:** Name: Canton Dollar General Store  
 Description: New Construction and Demolition  
 Address: 4949 Hwy 16 East  
 City: Canton County: Madison State: MS Zip 39046  
 Contact Person: Ed Voltolina Telephone: 504-388-9013 Mobile

Dept. of Environmental Quality

**IV. OWNER INFORMATION:** Name: Dorsey Development Companies, LLC

Full Mailing Address: 129 Chartres Street, New Orleans, LA 70130  
 Contact Person: G. Paul Dorsey, III Telephone: 504-593-0400

**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: Dorsey Development Companies, LLC

Full Mailing Address: 129 Chartres Street, New Orleans, LA 70130  
 Contact Person: Ed Voltolina Telephone: 504-593-0400

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

Removal Project Start: 2/6/2017 Removal Project Stop: 2/8/2017

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

Project Start: 2/9/2017 Project Stop: 2/11/2017 Prep. Date: 2/6/2017

**IX. BUILDING INFORMATION**

Building Size (SQ FT): 6,500 SF Building Size (LN FT): \_\_\_\_\_

No. of Floors: 1 Age in Years: 25

Present Use: vacant

Prior Use: Night Club

**X. ASBESTOS INSPECTION:**

Was site inspected to determine the presence of asbestos?  Yes  No

Inspection Date: 6/9/2016 Asbestos Present?  Yes  No

Inspector: Kelvin Thigpen Cert. No.: ABI-0001788 Exp. Date \_\_\_\_\_

Identify suspect materials sampled: Ceilings, flooring, roofing, siding, Sheet rock,

Laboratory Analysis: TEM  PLM  Other \_\_\_\_\_

Name of Laboratory: Quantem Laboratories, Oklahoma City, OK

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

Pipes (LN FT) \_\_\_\_\_ Surface Area (SQ FT) 2,200 SF VAT&M

Volume of Facility Components (CU FT) \_\_\_\_\_

**XII. QUANTITY OF NONFRIABLE ASBESTOS -**  NOT REMOVED  TO BE REMOVED

Category I: see above

Category II: \_\_\_\_\_

**XIII. WASTE TRANSPORTER:**

Name: Specialty Abatement Services, Inc.

Full Mailing Address: P. O. Box 15925, 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: Little Dixie Landfill

Physical Location: 1716 N. County Line Road, Jackson, MS

Full Mailing Address: 1716 N. County Line Road, Jackson, MS

Contact Person: Mike Raley

Telephone: 601-939-2221

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

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

Name: Kemper County Landfill

Physical Location: Hwy 16, DeKalb, MS

Full Mailing Address: P. O. Box 846, Philadelphia, MS 39350

Contact Person: Bill Magee

Telephone: 601-743-4310

\* 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:

Wet manual removal of ACM 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:

Work will Stop. MDEQ will be notified.

\* 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: \_\_\_\_\_

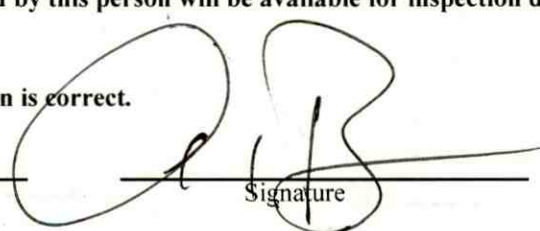
Description of the sudden, unexpected event: \_\_\_\_\_

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