

## STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly

Incomplete notices will not meet notification requirements

<b>I. TYPE OF NOTICE:</b> (x) Original ( ) Revision ( ) Canceled ( ) Annual ( ) Info. Only			
<b>II. TYPE OF PROJECT:</b> (x) Renovation ( ) Demolition ( ) Ordered Demolition ( ) Emergency Renovation			
<b>III. SITE INFORMATION:</b> Name: 741 North State Street Description: Old Labor Finders Office Address: 741 North State Street City: Jackson County: Hinds State: MS Zip: 39212 Contact Person: Telephone:			
<b>IV. OWNER INFORMATION:</b> Name: Anderson Environmental Full Mailing Address: P.O. Box 16891 Jackson, MS 39236 Contact Person: Daryl Anderson Telephone: 601-940-4644			
<b>V. ASBESTOS REMOVAL CONTRACTOR:</b> Name: Anderson Environmental Certification No. 00002173 Exp. Date: 10/17 Full Mailing Address: P.O. Box 16891 Contact Person: Daryl Anderson Telephone: 601-940-4644			
<b>VI. CONTRACTOR (Other):</b> Name: Anderson Environmental Full Mailing Address: P.O. Box 16891 Exp. Date: Contact Person: Jackson, MS 39236 Telephone: 601-940-4644			
<b>VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):</b> Removal Project Start: 2-01-17 Removal Project Stop: 3-01-17			
<b>VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):</b> Project Start: 1-24-17 Project Stop: 6-30-17 Prep. Date:			
<b>IX. BUILDING INFORMATION</b> Bldg. Size(SQ FT): 5000SF No. of Floors: 1 Age in Years: 50 Present Use: None Prior Use: Office Building			
<b>X. ASBESTOS INSPECTION:</b> Was site inspected to determine presence of asbestos? (x) yes ( ) no Inspection Date: Asbestos Present? (x) yes ( ) no Inspector: Paul Anderson Certification No. ABI-1686 Exp. Date: 7/17 Identify suspect materials sampled: Floors, ceilings, pipes, walls, ect... Laboratory Analysis: PLM Name of Laboratory: EHS			
<b>XI. QUANTITY OF RACM TO BE REMOVED:</b> Pipes (LN FT): 800lf Surface Area (SQ FT): Volume of Facility Components (CU FT):			
<b>XII. QUANTITY OF NONFRIABLE ASBESTOS- TO BE REMOVED</b> Category I: 800lf of pipe insulation Category II: 3000sf of floor tile and mastic			
<b>XIII. WASTE TRANSPORTER:</b> Name: Busby Roll-Off Full Mailing Address: 131 Mc Donald Ln, Brandon, MS 39042 Contact Person: Brandon Busby Telephone: (601) 540-0896			
<b>XIV. WASTE ASBESTOS DISPOSAL SITE:</b> Name: BFI Little Dixie Landfill			

Dept. of Environmental Quality

JAN 23 2017

RECEIVED

Physical Location: 1716 E County Line Rd, Ridgeland, MS 39157

Full Mailing Address:

Contact Person: Earline

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

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos): BFI Little Dixie Landfill**

Physical Location: 1716 E County Line Rd, Ridgeland, MS 39157

Full Mailing Address:

Contact Person: Earline

\*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):**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Strip & Removal        | <input type="checkbox"/> Double Bagging   | <input type="checkbox"/> Mechanical Chipping  | <input type="checkbox"/> Component Removal       |
| <input type="checkbox"/> Wrecking Ball          | <input type="checkbox"/> Gross Demolition | <input type="checkbox"/> Remove intact        | <input type="checkbox"/> Bulldozer               |
| <input checked="" type="checkbox"/> Containment | <input type="checkbox"/> Glove Bag        | <input type="checkbox"/> Explode              | <input checked="" type="checkbox"/> Negative Air |
| <input checked="" type="checkbox"/> Wet Method  | <input type="checkbox"/> Roofing Saw      | <input type="checkbox"/> Other-Explain Below: |  |

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

Renovation of building for office space

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

Hault all work notify the proper authority.

\*Will MDEQ be notified of any significant changes? ( x )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 Part 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>

Daryl Anderson  
Type or Print name and Title

  
Signature

1/20/2017  
Date

MAIL TO: Office of Pollution Control  
515 East Amite Street

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

Jackson, MS 39201  
601-961-5171