

STATE OF MISSISSIPPI
DEMOLITION/RENOVATION NOTIFICATION FORM

Revised: 2100

I. TYPE OF NOTICE: Original Revision Canceled Annual Information Only

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

III. SITE INFORMATION

Name: Pearl River Library

Description: Library

Address 900 Goodyear Blvd

City: Picayune

County: Pearl river

State: MS

Zip: 39466

Contact Person: Carol Phares

Telephone: 601-

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Dept. of Environmental Quality

IV. OWNER INFORMATION

Name: City Of Picayune

Full Mailing Address: 203 Goodyear Picayune MS 39466

Contact Person: Eric

Telephone: 601-273-2039

V. ASBESTOS REMOVAL CONTRACTOR

Name: Environmental Services, L.L.C.

Certification No. C-587-78-1882

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: N/A

Full Mailing Address:

Contact Person:

Telephone:

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

Removal Project Start: 2/8/17 Removal Project Stop: 2/8/17

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

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

IX. BUILDING INFORMATION

Bldg. Size (SQ FT): 20,000 Bldg. Size (LN FT):

No. of Floors 1 Age in Years: over 20

Present Use: Library Prior Use: N/A

X. ASBESTOS INSPECTION:

Was site inspected to determine presence of asbestos? yes no

Inspection Date: 11/16 Asbestos Present? yes no

Inspector: Joe Venus Cert. No.: ABI 0001353 Exp. Date: 4/17

Identify suspect materials sampled: Flooring.

Laboratory Analysis: TEM PLM Other

Name of Laboratory: Triangle Enviro

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes 500 (LN FT) 500 (SF) Surface Area

Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS ___: NOT REMOVED ___: TO BE REMOVED

Category I:

Category II:

XIII. WASTE TRANSPORTER:

Name: Enviro.

Full Mailing Address: 101 Broadway drive, Hattiesburg, MS 39401

Contact Person:

Telephone: 601-584-9955

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

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Pine Belt Regional Waste Auth.
Physical Location: Highway 26 Runnelstown MS
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. REMOVE AL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):

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

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK

Remove flooring materials using wet method

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, 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: Julie Jones Signature:  Date 1/30/17

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

OR

P.O. Box 2261
Jackson, MS. 39225