

Updated/Corrected abatement dates

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM
Please type or print legibly.
Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE:

Original Revision Canceled
 Annual Info. Only

II. TYPE OF PROJECT:

Renovation Demolition
 Ordered Demolition Emergency Renovation

III. SITE INFORMATION:

Name: 2019 North 1st Avenue
Description: Dilapidated commercial structure
Address: 2019 North 1st Avenue
City: Laurel
County: Jones State: MS ZIP: 39140
Contact Person: Harold Russell Telephone: (601) 422-3281

IV. OWNER INFORMATION:

Name: Laurel Lumber Company
Full Mailing Address: P.O. Box 430 Philadelphia, MS 39250
Contact Person: Brent Gray Telephone: (601) 416-4711

V. ASBESTOS REMOVAL CONTRACTOR:

Name: Environmental Services LLC
Certification No.: ABC-00001330 Expiration Date: April 2017
Full Mailing Address: 253 Deik Road Hattiesburg, MS 39401
Contact Person: Joe Venus Telephone: (601) 582-2277

VI. CONTRACTOR (Other):

Name: City of Laurel Public Works Division
Full Mailing Address: P.O. Box 647 Laurel, MS 39441
Contact Person: Lorenzo Anderson Telephone: (601) 428-6455

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

Removal Project Start: 02 / 20 / 2017 Removal Project Stop: 02 / 28 / 2017

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

Project Start: 3 / 20 / 17 Project Stop: 3 / 31 / 17 Prep. Date: 3 / 20 / 17

IX. BUILDING INFORMATION:

Bldg. Size (SQ FT): 2260 Bldg. Size (LNFT): (47.5x24)+(24x16)+(32x16)+(20x10)
No. of Floors: One Age in Years: 50 Plus
Present Use: None Prior Use: Flower Shop and Office Area

X. ASBESTOS INSPECTION:

Was site inspected to determine presence of asbestos: Yes No
Inspection Date: 01 / 11 / 2017 Asbestos Present? Yes No
Inspector: H Russell Cert. No.: ARI-0005104 Expiration Date: June 3, 2017
Identify suspect materials sampled: Insulation, Ceiling Tile, Floor Linoleum, Stringles Felt
Laboratory Analysis: TEM PLM XXXX Other
Name of Laboratory: EHS Laboratories I.I.C. Richmond, VA

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT): Surface Area (SQ FT) 1900
Volume of Facility Components (CU FT)

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

Category I: Linoleum Category II:

XIII. WASTE TRANSPORTER:

Name: City of Laurel Public Works
Full Mailing Address: P.O. Box 647 Laurel, MS 39441
Contact Person: Lorenzo Anderson Telephone: (601) 428-6455

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Pine Belt Landfill
Physical Location: HWY 29 SOUTH Overt, MS 39464
Full Mailing Address: P.O. Box 389 Petal, MS 39465
Contact Person: James Earrson Telephone: (601) 545-6676
*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: Randy Danay
Physical Location: 164 Ira G. Odum Road Ellisville MS 39437
Full Mailing Address: P.O. Box 134 Ellisville, MS 39437
Contact Person: Darryl Pitts Telephone: (601) 477-3999
*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):
Strip & Removal Double Bagging Mechanical Chipping Component Removal
Wrecking Ball XXX 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:
Gross demolition of residence. Following abatement the structure will be destroyed by fire by the Laurel Fire Department as it is being used in fire training scenarios.
Remaining debris will be extinguished and allowed to cool before being transported to a local land fill by the Laurel Public Works Department.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Stop demolition, access suspect material, contact MDEQ and request new demolition dates following abatement.

*Will MDEQ be notified of any significant changes? [X] Yes [] No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: City of Laurel Title: Municipality
Authority: City Council
Date of Order: October 20, 2015 Date Demolition to Begin: 03 / 20 / 2017

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.

Harold Russell, Superintendent of Inspection
Type or Print Name & Title Signature Date 1/30/2017

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
P.O. Box 2261 Jackson, MS 39225 Jackson, MS 39201
(601) 961-5171