

STATE OF MISSISSIPPI  
DEMOLITION/RENOVATION NOTIFICATION FORM

Revised: 2100

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

II. TYPE OF PROJECT: ( ) Renovation (x) Demolition ( ) Ordered Demolition ( ) Emergency Renovation

III. SITE INFORMATION

Name: Shop

Description: Shop

Address 602 Mississippi Dr,

City: Waynesboro

County: Wayne

State: MS

Zip: 39466

Contact Person: Carol Messer

Telephone: 601-

RECEIVED  
FEB 27 2017  
Dept. of Environmental Quality

IV. OWNER INFORMATION

Name: Tom and Carol Messer

Full Mailing Address: 114 Bedford Road, Hattiesburg, MS 39402

Contact Person: Carol Messer

Telephone: 601-273-2039

V. ASBESTOS REMOVAL CONTRACTOR

Name: Environmental Services, L.L.C.

Certification No. C-587-78-1882

Exp. Date: 2-18

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: 3/8/17 Removal Project Stop: 3/8/17

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

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

IX. BUILDING INFORMATION

Bldg. Size (SQ FT): 2000 Bldg. Size (LN FT):

No. of Floors 1 Age in Years: over 20

Present Use: empty Prior Use: N/A

X. ASBESTOS INSPECTION:

Was site inspected to determine presence of asbestos? (x) yes ( ) no

Inspection Date: 2/17 Asbestos Present? (x) yes ( ) no

Inspector: Joe Venus Cert. No.: ABI 0001353 Exp. Date: 2/17

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 o to an authorized Rubbish Site, or to a permitted sanitary landfill

**XVI. REMOV 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 RENOV ATION WORK**

Remove flooring materials using wet method

**XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PUL VERIZED, 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/RENOV ATIONS:** 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: \_\_\_\_\_

Signature: 

Date 2/23/17

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

OR

P.O. Box 2261  
Jackson, MS. 39225