

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE: (X) Original () Revision () Canceled () Annual () Info. Only

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

III. SITE INFORMATION: Name: Description: Residential House Address: 153 Catalina Cir City: Jackson County: Hinds State: MS Zip: 39209 Contact Person: Telephone:

IV. OWNER INFORMATION: Name: First Jackson Rentals LLC Full Mailing Address: 571 HWY 51 N STE A Ridgeland MS 39157 Contact Person: Telephone:

V. ASBESTOS REMOVAL CONTRACTOR: Name: Bestway Certification No.: ABC 2924 Exp. Date: 12-11-17 Full Mailing Address: P.O. Box 88 Edwards MS 39066 Contact Person: Aaron Lee Telephone: 601 383 3237

VI. CONTRACTOR (Other): Name: Eco Serve Demolition Full Mailing Address: P.O. Box 2469 Madison MS 39130 Contact Person: Roger Thomas Telephone: 601 573 5869

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Start: 3 11 17 Removal Project Stop: 3 11 17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start: 3 13 17 Project Stop: 3 14 17 Prep. Date: 3 11 17

IX. BUILDING INFORMATION: Bldg. Size (SQ FT)- 1800 Bldg. Size (LN FT)" No. of Floors 1 Age in Years: N/A Present Use: Prior Use:

X. ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos? (X) yes () no Inspection Date: 01 / 11 / 16 Asbestos Present? (X) yes () no Inspector: William Leonard Cert. No.: ABI- 00007365 Exp. Date: 7/18/16 Identify suspect materials sampled: See Attachments Laboratory Analysis: TEM PLM Other Name of Laboratory: EMSL Analytical Inc.

XI. QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) Surface Area (SQ FT) 55 sq ft Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED TO BE REMOVED: Category I: / Category II: /

XIII. WASTE TRANSPORTER: Name: Eco Serve Demolition Full Mailing Address: P.O. Box 2469 Madison MS 39130 Contact Person: Roger Thomas Telephone: 601 573 5869

RECEIVED MAR - 1 2017 Dept. of Environmental Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Lil Dixie Landfill
Physical Location: 1716 E Countyline Rd Ridgeland MS 39157
Full Mailing Address: _____
Contact Person: N/A Telephone: 601 982 9488
* All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: City of Jackson
Physical Location: 6510 I-55 South Byram MS 39272
Full Mailing Address: _____
Contact Person: _____ Telephone: 601 373-5863
* 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 checked="" 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 checked="" type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

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

* Will MDEQ be notified of any significant changes? () yes () no

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: Jackson Police Dept/ Henry Davis Title: Supervisor
Authority: Henry L. Davis/ Jaye Coleman
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.

Roger Thomas Sr CEO
Type or Print Name and Title

[Signature]
Signature

3-1-17
Date

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