

**STATE OF MISSISSIPPI
DEMOLITION/RENOVATION NOTIFICATION FORM**

Revised: 2/00

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

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

III. SITE INFORMATION

Name: McComb Housing Authority

Description: Apt building

Address: 102 Williams Ave

City: McComb

County: Pike

State: MS

Zip: 39649

Contact Person: Bob Collins

Telephone: 601-684-7201

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Dept. of Environmental Quality

IV. OWNER INFORMATION

Name: McComb Housing Authority

Full Mailing Address: P.O. Box 469, McComb, MS. 39469

Contact Person: Bob Collins

Telephone: 601-684-7201

V. ASBESTOS REMOVAL CONTRACTOR

Name: Environmental Services, LLC

Certification No. ABC-00001330

Exp. Date: 4-18

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: 3/10/17 Removal Project Stop: 3/10/17

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

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

IX. BUILDING INFORMATION

Bldg. Size (SQ FT): 1900 +/- per Bldg. Size (LN FT): _____

No. of Floors 2 Age in Years: over 20

Present Use: Vacant Prior Use: Apartments

X. ASBESTOS INSPECTION:

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

Inspection Date: 8/15 Asbestos Present? (x) Yes () no

Inspector Joe Venus Cert. No.: 0001353 Exp. Date: 4/16

Identify suspect materials sampled: Flooring, assumed

Laboratory Analysis: TEM X PLM _____ Other _____

Name of Laboratory: assumed

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT): _____ Surface Area (SQ FT) _____

Volume of Facility Components (CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS:

NOT REMOVED x TO BE REMOVED

Category I: 750 flooring/ SF

Category II: / SF

XIII. WASTE TRANSPORTER:

Name: Enviro.

Full Mailing Address: , Ellisville, MS

Contact Person: John

Telephone: 601-477-8668

**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):

-x-Strip & Removal	-x-Double Bagging	--Mechanical Chipping	-x-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 ACM 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: 1/20/09 _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: Joe Venus, Owner Signature:  _____ Date: 2/24/17

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

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