

STATE OF MISSISSIPPI
DEMOLITION/RENOVATION NOTIFICATION FORM

Revised: 2/100

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: Camp Shelby
Description: Bldg 3206, 3205, 3306
Address: Camp Shelby MS
City: Camp Shelby County: _____ State: MS Zip: 39407
Contact Person: Mac Shattles Telephone: 601-558-2751

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MAR 13 2017
Dept. of Environmental Quality

IV. OWNER INFORMATION

Name: MS Military Department
Full Mailing Address: Jackson, MS.
Contact Person: Eddie Middleton Telephone: 601-558-2013

V. ASBESTOS REMOVAL CONTRACTOR

Name: Environmental Services, LLC
Certification No: ABC-00001353 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: 3/11/17 Removal Project Stop: 3/12/17

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

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

IX. BUILDING INFORMATION

Bldg. Size (SQ FT): 3 @ 2,000 +/- Bldg. Size (LN FT): _____
No. of Floors: 1 Age in Years: over 20
Present Use: empty Prior Use: _____

X. ASBESTOS INSPECTION:

Was site inspected to determine presence of asbestos? (x) Yes () no
Inspection Date: N/A Asbestos Present? (x) Yes () no
Inspector: Tony Bryant Cert. No.: _____ Exp. Date: _____
Identify suspect materials sampled: Flooring
Laboratory Analysis: TEM X PLM _____ Other: _____
Name of Laboratory: _____

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT): N/A Surface Area 200 sheetrock, 2000 floor itle (SQ FT) _____
Volume of Facility Components (CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS:

Category I: _____ Category II: _____ / SF NOT REMOVED _____ TO BE REMOVED _____

XIII. WASTE TRANSPORTER:

Name: Enviro, Inc.
Full Mailing Address: 101 Broadway drive, Hattiesburg, MS 39401
Contact Person: John Telephone: 601-584-9955

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

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Pine Belt Regional Waste Auth.
Physical Location: 5274 Hwy 29 Overt, MS 39464
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/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 RENOVATION WORK

Remove ACM using wet method

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLER, 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: / /

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: Joe Venus / Owner

Signature: 

Date: 3/8/17

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

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