

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
MAR 20 2017

Dept. of Environmental Quality

I. TYPE OF NOTICE: ☒ Original ☐ Revision ☐ Canceled
☐ Annual ☐ Info. Only

II. TYPE OF PROJECT: ☒ Renovation ☐ Demolition
☐ Ordered Demolition ☐ Emergency Renovation

III. SITE INFORMATION: Name Kirby Building Systems
Description: Metal Building manufacture
Address: 101 Airport Road
City: Starkville County: Oktibbeha State: MS ZIP: 39759
Contact Person: Franklin Woodruff Telephone: (662) 324-8744

IV. OWNER INFORMATION: Name: Kirby Building Systems
Full Mailing Address: 101 Airport Road, Starkville, MS 39759
Contact Person: Franklin Woodruff Telephone: (662) 324-8744

V. ASBESTOS REMOVAL CONTRACTOR: Name: Hardiman Remediation Services, Inc.
Certification No.: ABC-00002746 Expiration Date: 03-22-2017 New Certification Applied for 3-17-17
Full Mailing Address: 29990 Stateline Road East, Ardmore, AL 35739
Contact Person: Sandy Hardiman Telephone: (256) 423-8964

VI. CONTRACTOR (Other): Name: AIR Environmental (Safety air monitoring)
Full Mailing Address: 3404 Camellia Circle, Columbus, MS 39705
Contact Person: Edward Lesniak Telephone: (662) 242-5387

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 3 / 31 / 17 Removal Project Stop: 4 / 2 / 17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: ____/____/____ Project Stop: ____/____/____ Prep. Date: ____/____/____

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 244,720sf Bldg. Size (LNFT): 322 x 760
No. of Floors: 1 Age in Years: 49 yrs.
Present Use: Break room, Ladies room, 2 areas in plant Prior Use: Same

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No
Inspection Date: 2 / 14 / 17 Asbestos Present? ☒ Yes ☐ No
Inspector: Edward Lesniak Cert. No.: ABI-00001230 Expiration Date: 4-8-17
Identify suspect materials sampled: Floor tile, mastic, Ceiling tile, Joint compound, carpet glue, vinyl base / mastic
Laboratory Analysis: TEM PLM x Other
Name of Laboratory: EMSL Analytical, Inc. 11931 Industriplex Suite 100, Baton Rouge, LA 70809

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 2,908 sf TO BE REMOVED:
Category I: Category II: X

XIII. WASTE TRANSPORTER: Name: Go Box
Full Mailing Address: 100 Rosecrest Ln., Columbus, MS 39701
Contact Person: Rob Graham Telephone: (662) 328-5642

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: ROBO Landfill (Noxubee County)
 Physical Location: 6447 Wahalak Rd. Scooba, MS 39358
 Full Mailing Address: 6447 Wahalak Road, Scooba, MS 39358
 Contact Person: Roland Edmunds Telephone: (662) 361-0300
 *All asbestos waste should go to a permitted sanitary landfill.

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. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):

<input type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input checked="" type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input checked="" type="checkbox"/> Gross Demolition	<input checked="" type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" type="checkbox"/> Negative Air
<input checked="" 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:
Stop work, inspect, wet material if disturbed

*Will MDEQ be notified of any significant changes? (x) Yes () No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: _____ Title: _____
 Authority: _____
 Date of Order: _____ Date Demolition to Begin: ____/____/____

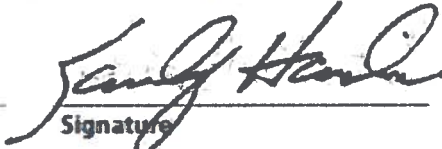
XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ____/____/____, Time: _____
 Description of the sudden, unexpected event: _____

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.

Sandy Hardiman President
 Type or Print Name & Title

 _____
 Signature Date 3/17/17

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