

**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: Gymnasium

Description: Gym

Address 510 Hwy 18

City: Bay Springs

Contact Person: Warren Woodrow

County: Jasper

State: MS Zip: 39422

Telephone: 601-670-0767

IV. OWNER INFORMATION

Name: West Jasper Const Sch Dist

Full Mailing Address: 510 Hwy 18, Bay Springs, MS 39422

Contact Person: Warren Woodrow

Telephone: 601-670-0767

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: 4/24/17 Removal Project Stop: 4/25/17

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

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

IX. BUILDING INFORMATION

Bldg. Size (SQ FT): 8,000 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: 2/88 Asbestos Present? (x) yes () no

Inspector: Manag Plan Cert. No.: Exp. Date:

Identify suspect materials sampled: Flooring.

Laboratory Analysis: TEM PLM Other

Name of Laboratory: Triangle Enviro

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT) (SF) Surface Area

Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS ____: NOT REMOVED ____: TO BE REMOVED

Category I: 900 sf wood stain mastic

Category II:

XIII. WASTE TRANSPORTER:

Name: Enviro.

Full Mailing Address: 101 Broadway drive, Hattiesburg, MS 39401

Contact Person:

Telephone: 601-584-9955

RECEIVED
APR 10 2017
Dept. of Environmental Quality

**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 go to an authorized Rubbish Site, or to a permitted sanitary landfill

XVI. REMOVAL/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 RENOVATION WORK

Remove flooring materials using wet method

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

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 4/05/17

MAIL TO: Office of Pollution Control

515 Amite Street
Jackson, MS 39201
(601) 961-5171

OR

P.O. Box 2261
Jackson, MS. 39225