

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

**RECEIVED**  
Revised 2/00  
**APR 25 2017**  
Dept. of Only  
Environmental Quality

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

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

**III. SITE INFORMATION**

Name: 1214 Vernon, 1301 Penton, Fairchild Hall, Library, Johnson Hall, Tatum Court Hall, Green Sci, Ross Hall, Bryant Hall, Thomas Fine Arts, Gym, William Carey University

Description: Apartments, housing, and offices

Address: William Carey University campus 1214 Vernon St, 1301 Penton St, Fairchild Hall, Library, Johnson Hall

City: Hattiesburg County: Forrest State: MS Zip: 39401

Contact Person: Bob Blevins Telephone: 601-318-6155

**IV. OWNER INFORMATION**

Name: William Carey University

Full Mailing Address: 498 Tuscan Avenue, Hattiesburg, MS 39401

Contact Person: Bob Blevins Telephone: 601-318-6155

**V. ASBESTOS REMOVAL CONTRACTOR**

Name: Environmental Services, LLC

Certification No. C-00001330

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: 2/3/17 Removal Project Stop: 4/30/17

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

Project Start: \_\_\_\_\_ Project Stop: \_\_\_\_\_ Prep. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IX. BUILDING INFORMATION**

Bldg. Size: (SQ FT): @1,200, 1,400, 9,000, 15,000, 22,000 Bldg Size: \_\_\_\_\_ (LN FT):

No. of Floors 2 Age in Years: over 20

Present Use: none Prior Use: residence, office, library

**X. ASBESTOS INSPECTION:**

Was site inspected to determine presence of asbestos? ☒ Yes ☐ no

Inspection Date: 1/17-1/31 Asbestos Present? ☒ Yes ☐ no

Inspector Joe Venus Cert. No.: ABI-00001353 Exp. Date: 4 / 2017

Identify suspect materials sampled: Ceiling, flooring, walls, windows, roofing,

Laboratory Analysis: TEM ☒ PLM ☐ Other

Name of Laboratory: Triangle Environmental Services

**XI. QUANTITY OF RACM TO BE REMOVED:**

Pipes (LN FT): \_\_\_\_\_ Surface Area 50,000 (SQ FT)

Volume of Facility Components (CU FT)

**XII. QUANTITY OF NONFRIABLE ASBESTOS:**

NOT REMOVED x TO BE REMOVED

Category I: / SF Category II: / LF

**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: 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: \_\_\_\_\_  
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):**

-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 CRUMBLLED, 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: 1/20 / 17 Time: :

Description of the sudden, unexpected event:

Tornado ripped through campus causing most all building to be repaired

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: [Signature] Signature: [Signature] Date 4/20/17

MAIL TO: Office of Pollution Control  
101 West Capitol Street, Suite 100  
Jackson, MS 39201  
(601) 961-5171

OR P.O. Box 10385  
Jackson, MS. 39289-0385