

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
MAY - 8 2017

Dept. of Environmental Quality

- I. **TYPE OF NOTICE:** (X) Original () Revision () Canceled
() Annual () Info. Only
- II. **TYPE OF PROJECT:** (X) Renovation () Demolition
() Ordered Demolition () Emergency Renovation
- III. **SITE INFORMATION:** Name CITIZENS NATIONAL BANK
Description: BANK BUILDING
Address: 512 22nd AVE.
City: MERIDIAN County: LAUDERDALE State: MS. ZIP: 39301
Contact Person: ALLEN CLODFELTER Telephone: 601-693-1331
- IV. **OWNER INFORMATION:** Name: CITIZENS NATIONAL BANK
Full Mailing Address: 512 - 22nd AVE., MERIDIAN, MS. 39301
Contact Person: ALLEN CLODFELTER Telephone: 601-693-1331
- V. **ASBESTOS REMOVAL CONTRACTOR:** Name: BILLY SHUMATE CONSTRUCTION
Certification No.: ABC-00001893 Expiration Date: SEPT. 7th 2017
Full Mailing Address: P.O. BOX 4279, MERIDIAN, MS. 39304
Contact Person: BILLY SHUMATE Telephone: 601-693-3207
- VI. **CONTRACTOR (Other):** Name: PIERCON
Full Mailing Address: 23 - LIBERTY PLACE, HATTIESBURG, MS. 39402
Contact Person: _____ Telephone: 601-264-7437
- VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**
Removal Project Start: 5 / 20 / 17 Removal Project Stop: 6 / 18 / 17
- VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**
Project Start: 6 / 2 / 17 Project Stop: 8 / 17 / 17 Prep. Date: / /
- IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 42,000 Bldg. Size (LNFT): _____
No. of Floors: 5 Age in Years: 55
Present Use: BANK BUILDING Prior Use: _____
- X. **ASBESTOS INSPECTION:**
Was site inspected to determine presence of asbestos: (X) Yes () No
Inspection Date: 11/14/16 Asbestos Present? (X) Yes () No
Inspector: MR. DON COOLEY Cert. No.: ABI-00001363 Expiration Date: MARCH 24, 2017
Identify suspect materials sampled: floor tile, plaster, spray fireproofing, ceiling tiles
Laboratory Analysis: TEM PLM XX Other _____
Name of Laboratory: _____
- XI. **QUANTITY OF RACM TO BE REMOVED:**
Pipes (LN FT) _____ Surface Area (SQ FT) 11,550
Volume of Facility Components (CU FT) _____
- XII. **QUANTITY OF NONFRIABLE ASBESTOS** _____ **NOT REMOVED** _____ **TO BE REMOVED:**
Category I: _____ Category II: _____
- XIII. **WASTE TRANSPORTER:** Name: BILLY SHUMATE CONST.
Full Mailing Address: P.O. BOX 4279, MERIDIAN, MS. 39304
Contact Person: BILLY SHUMATE Telephone: 601-693-3207

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: PINERIDGE LANDFILL, WASTE MANAGEMENT
Physical Location: 520 MURPHY ROAD, MERIDIAN, MS.
Full Mailing Address: 520 MURPHY ROAD, MERIDIAN, MS. 39301
Contact Person: JUSTIN CULPEPPER Telephone: 601-483-0715
*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: H.E. MOSLEY RUBBISH LANDFILL
Physical Location: WILLOW LAKE ROAD,
Full Mailing Address: P.O. BOX 337, MARION, MS. 39342
Contact Person: PHIL MOSLEY Telephone: 601-934-2027
*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):
[X] Strip & Removal [X] Double Bagging [] Mechanical Chipping [] Component Removal
[] Wrecking Ball [] Gross Demolition [] 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:
REMOVAL OF SPRAY ON INSULATION FROM
STEEL BEAMS,, FOR RENOVATION OF BUILDING ON
THREE FLOORS OF STRUCTURE.,.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
AS PER D.E.Q. REQUIREMENTS.
*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.

BILLY SHUMATE , CONTRACTOR
Type or Print Name & Title

Billy Shumate 5-5-17
Signature Date

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