

STATE OF MISSISSIPPI
DEMOLITION/RENOVATION NOTIFICATION FORM

Revised: 2100

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

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

III. SITE INFORMATION

Name: _____
Description: Bathroom
Address: 832 East Broad street
City: Monticello County: Prentiss State: MS Zip: 39649
Contact: Person: Dave Nichols Telephone: 601-587-0045

RECEIVED
MAY 15 2017
Dept. of Environmental Quality

IV. OWNER INFORMATION

Name: City of Monticello
Full Mailing Address: 832 East Broad street
Contact Person: Dave Nichols Telephone: 601-587-0045

V. ASBESTOS REMOVAL CONTRACTOR

Name: Environmental Services, LLC
Certification No. ABC-00001330 Exp. Date: 4-18
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: 5/23/17 Removal Project Stop: 5/23/17

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

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

IX. BUILDING INFORMATION

Bldg. Size (SQ FT): 1900 +/- per Bldg. Size (LN FT): _____
No. of Floors 1 Age in Years: over 20
Present Use: Vacant Prior Use: A

X. ASBESTOS INSPECTION:

Was site inspected to determine presence of asbestos? Yes no
Inspection Date: _____ Asbestos Present? Yes no
Inspector Jerrv Huston Cert. No.: _____ Exp. Date: _____
Identify suspect materials sampled: Flooring, assumed
Laboratory Analysis: TEM X PLM Other
Name of Laboratory: assumed

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT): _____ Surface Area 100 (SQ FT)
Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS:

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

XIII. WASTE TRANSPORTER:

Name: Enviro.
Full Mailing Address: , Ellisville, MS
Contact Person: John Telephone: 601-477-8668

**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. REMOVE AL/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: _____ 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: 5/9/17

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

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