

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
MAY 26 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 MDOT SR 4 - Holly Springs
Description: 1 Commercial Block Building and 2 Steel Sheds
Address: Parcel 1W - 515 Salem Avenue
City: Holly Springs County: Marshall State: MS ZIP: 38635
Contact Person: Blane Jackson Telephone: PO Box 1850, Jackson, Mississippi 39215

IV. OWNER INFORMATION: Name: MDOT - Right of Way Division
Full Mailing Address: PO Box 1850, Jackson, Mississippi 39215
Contact Person: Blane Jackson Telephone: 601-359-7001

V. ASBESTOS REMOVAL CONTRACTOR: Name: EnviroRem Inc
Certification No.: ABC-4273 Expiration Date: July 14, 2017
Full Mailing Address: 1715 Lochearn Road, Memphis, TN 38116
Contact Person: Will Brown Telephone: 901-345-0000

VI. CONTRACTOR (Other): Name: McFarland Construction
Full Mailing Address: 5899 Palestine Road, Coldwater, MS 38618
Contact Person: Tim McFarland Telephone: 901-335-6077

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 5 / 30 / 17 Removal Project Stop: 6 / 5 / 17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 6 / 5 / 17 Project Stop: 6 / 30 / 17 Prep. Date: 6 / 30 / 17

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): See Attached Bldg. Size (LNFT): _____
No. of Floors: _____ Age in Years: Varies
Present Use: Vacant Commercial Prior Use: Lumber Yard

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No
Inspection Date: 4 / 12 / 15 Asbestos Present? ☒ Yes ☐ No
Inspector: Willie Nester Cert. No.: ABI-2244 Expiration Date: 01/21/17
Identify suspect materials sampled: All suspect materials
Laboratory Analysis: TEM PLM X Other
Name of Laboratory: EMSL Baton Rouge

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) N/A Surface Area (SQ FT) _____
Volume of Facility Components(CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS ☐ NOT REMOVED ☒ TO BE REMOVED:
Category I: 10,500 Roofing 4000 Flooring Category II: _____

XIII. WASTE TRANSPORTER: Name: Waste Connections
Full Mailing Address: 2941 CR 302 Walnut MS 38683
Contact Person: Sylvia Patterson Telephone: 662-223-6800

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Add Northeast Mississippi Regional Landfill
 Physical Location: 2941 CR 302, Walnut, MS 38683
 Full Mailing Address: PO Box 311, Walnut, MS 38683
 Contact Person: Sylvia Patterson Telephone: 662 223 6800
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: NEMS Regional
 Physical Location: 2941 CR 302, Walnut, MS 38683
 Full Mailing Address: PO Box 311, Walnut, MS 38683
 Contact Person: Sylvia Patterson Telephone: 662-223-6800
 *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 type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input checked="" type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input checked="" type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input checked="" type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input 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:
Standard NESHAP Demolition with dust suppression and power equipment. Total structural demo.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Not anticipated due to full survey of structures. If suspect materials are located, stop work and cover debris. Notify MDEQ and Pickering for further analysis and proceed accordingly. Remove VAT Mastic and Roofing while wetted with hand tools for bagged and manifest disposal. Third party visual clearance prior to demolition.
 *Will MDEQ be notified of any significant changes? ☒ Yes ☐ No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: Blane Jackson Title: Property Mgmt Officer
 Authority: MDOT - Right of Way Division
 Date of Order: Oct. 18, 2016 Date Demolition to Begin: 12 / 28 / 16

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

 Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:
N/A

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.

Will Brown - VP Consulting Services EnviroRem Inc

Type or Print Name & Title

Signature

Date

MAIL TO: Office of Pollution Control
 P.O. Box 2261
 Jackson, MS 39225
 (601) 961-5171

Physical Address 515 Amite Street
 Jackson, MS 39201