



**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   | -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 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 5/25/17

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

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