

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.
Incomplete notices will not meet notification requirements.

RECEIVED
JUN - 9 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 Columbus Court House Annex
Description: Two story with offices, hallways, bathrooms
Address: 220 N. 5th Street
City: Columbus County: Lowndes State: MS ZIP: 39701
Contact Person: Franklin Woodruff Telephone: (662) 324-8744

IV. OWNER INFORMATION: Name Lowndes County Administration
Full Mailing Address: 505 2nd Avenue N Columbus, MS 39701
Contact Person: Ralph Billingsley Telephone: (662) 329-5896

V. ASBESTOS REMOVAL CONTRACTOR: Name Hardiman Remediation Services, Inc.
Certification No.: ABC-00002746 Expiration Date: 2-24-2018
Full Mailing Address: 29990 Stetelne Road East, Ardmore, AL 35739
Contact Person: Sandy Hardiman Telephone: (256) 423-8964

VI. CONTRACTOR (Other): Name Air Environmental (Safety air monitoring)
Full Mailing Address: 3404 Camellia Circle, Columbus, MS 39705
Contact Person: Edward Lesniak Telephone: (662) 242-5387

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 6 / 20 / 17 Removal Project Stop: 6 / 30 / 17
VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 7 / 5 / 17 Project Stop: 7 / 31 / 17 Prep. Date: 7 / 3 / 17

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 2,800 sf Bldg. Size (LN FT): 35' x 80'
No. of Floors: Age in Years: 35+ yrs.
Present Use: Unoccupied Prior Use: Court House Annex

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No
Inspection Date: 2 /23 / 17 Asbestos Present? ☒ Yes ☐ No
Inspector: Edward A. Clay Cert. No.: ABI-00006706 Expiration Date: 7-21-17
Identify suspect materials sampled:
Laboratory Analysis: TEM PLM x Other
Name of Laboratory:

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

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED 2,908 sf TO BE REMOVED:
Category I: Category II: X 8,270SF

XIII. WASTE TRANSPORTER: Name Go Box
Full Mailing Address: 100 Rosecrest Ln., Columbus, MS 39701
Contact Person: Rob Graham Telephone: (662) 328-5642

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. **WASTE ASBESTOS DISPOSAL SITE:** Name: ROBO Landfill (Noxubee County)

Physical Location: 6447 Wahalak Rd. Scooba, MS 39358

Full Mailing Address: 6447 Wahalak Road, Scooba, MS 39358

Contact Person: Roland Edmunds Telephone: (662) 361-0300

*All asbestos waste should go to a permitted sanitary landfill.

XV. **DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):**

Name: N/A -- Will be determined by the Columbus Administration

Physical Location: _____

Full Mailing Address: _____ Telephone: _____

Contact Person: _____

*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 checked="" type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input checked="" type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input checked="" type="checkbox"/> Gross Demolition	<input checked="" type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" 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 DEMOLITIONOR RENOVATION WORK:**

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, inspect, wet material if disturbed

*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.

Sandy Hardiman

Type or Print Name & Title

Signature

6/5/17
Date

MAIL TO:

Physical Address

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

515 Amite Street
Jackson, MS 39201