

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Revised 6-12-17

Incomplete notices will not meet notification requirements.

Revised: 3/08

I. TYPE OF NOTICE: (x) Original () Revision () Canceled
() Annual () Info. Only

II. TYPE OF PROJECT: () Renovation (x) Demolition
() Ordered Demolition () Emergency Renovation

III. SITE INFORMATION: Name: Brookhaven Housing Authority
Description: Apartments
Address: 900 Williams St. Cloverdale Sit, Apt. # 34, 40, 41, & 42
City: Brookhaven County: _____ State: MS Zip: 39601
Contact Person: Mike Proffit Telephone: 601-833-1781

RECEIVED
JUN 14 2017
Dept. of Environmental Quality

IV. OWNER INFORMATION: Name: Newton Housing Authority
Full Mailing Address: 501 Brookman Dr. Brookhaven, MS 39601
Contact Person: Mike Proffit Telephone: 601-833-1781

V. ASBESTOS REMOVAL CONTRACTOR: Name: Environmental Services, LLC
Certification No.: ABC 00001330 Exp. Date: 4-18
Full Mailing Address: 253 Delk Rd. Hattiesburg, MS 39401
Contact Person: Joey Venus Jr. Telephone: 601-582-2277

VI. CONTRACTOR (Other): Name: J & H Construction, Inc.
Full Mailing Address: 1930 SCR 101 Raleigh, MS 39153
Contact Person: Jerry Houston Telephone: 601-7489-5505

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 5/15/17 Removal Project Stop: 5/18/17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 6/7/17 Project Stop: 6/28/17 Prep. Date: ___/___/___

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 2,000 Sqft Bldg. Size (LN FT): 40' X 50'
No. of Floors 1 Age in Years: 50 Years
Present Use: Apartment Rental Prior Use: Apartment Rental

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? () yes () no
Inspection Date: ___/___/___ Asbestos Present? () yes () no
Inspector: Jerry Houston Cert. No.: _____ Exp. Date: _____
Identify suspect materials sampled: _____
Laboratory Analysis: TEM _____ PLM _____ Other _____
Name of Laboratory: _____

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface Area (SQ FT) 6,000
Volume of Facility Components (CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED X TO BE REMOVED:
Category I: ___/___ Category II: ___/___

XIII. WASTE TRANSPORTER: Name: Environmental Services
Full Mailing Address: 253 Delk Rd. Hattiesburg, MS 39401
Contact Person: Joey Venus Telephone: 601-582-2277

Original submitted on 5-2-17. Reviewing on 6-12-17. Found transposed numbers & corrected from 43 to 34 which is correct building

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Pine Belt Regional Waste Auth.

Physical Location: HWY 26 Runnelstown, MS
Full Mailing Address: P.O Box 389 Petal, MS 39465
Contact Person: Telephone: 601-545-6676

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

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

Name: Brookhaven Landfill & Houston Resources
Physical Location: 463 County Farm Ln. NE Brookhaven, MS 39601/ Houston Resources- 1930 SCR 101 Raleigh, MS 39153
Full Mailing Address:
Contact Person: Telephone: 601-835-0905/ Houston Resources 601-789-5505

* 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 Double Bagging Mechanical Chipping Component Removal
Wrecking Ball X Gross Demolition Remove Intact X Bulldozer
Containment Glove Bag Explode Negative Air
Wet Method Roofing Saw Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Demolish and remove house including concrete slab
Concrete slab to be ground up at local MMC concrete plant for recycling

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

All work to stop until any ACM this is discovered during demolition is removed

*Will MDEQ be notified of any significant changes? () 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.

Jerry Houston, President Jerry Houston
Type or Print Name and Title Signature

10-12-17
Date

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

Physical address: Office of Pollution Control
515 Amite Street
Jackson, MS 39201