

**STATE OF MISSISSIPPI
DEMOLITION/RENOVATION NOTIFICATION FORM**

Revised: 2100

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

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

III. SITE INFORMATION

Name: Regency Inn

Description: Motel

Address 1676 Hwy 49 Hattiesburg, MS 39401

City: Hattiesburg County: Forrest State: MS Zip: 39401

Contact Person: Scottie Walters Telephone: 601 433 2952

IV. OWNER INFORMATION

Name: B.B. Petal

Full Mailing Address: 6518 US 49 Hattiesburg MS 39401

Contact Person: BB Petal Telephone: 601 425 4455

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: Walters Const

Full Mailing Address: 2051 Hwy 84 East, Laurel MS 39443

Contact Person: Scottie Walters Telephone: 601-433 2952

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY)

Removal Project Start: 6/30/17 Removal Project Stop: 7/3/17

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

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

IX. BUILDING INFORMATION

Bldg. Size (SQ FT): 10,000 Bldg. Size (LN FT):

No. of Floors 2 Age in Years: over 20

Present Use: Motel Prior Use:

X. ASBESTOS INSPECTION:

Was site inspected to determine presence of asbestos? (X) yes () no

Inspection Date: 6/8/17 Asbestos Present? (x) yes () no

Inspector: Joe Venus Cert. No.: ABI 00001353 Exp. Date: 4/18

Identify suspect materials sampled: Flooring, wall, roofing, ceilings, windows,

Laboratory Analysis: TEM PLM Other

Name of Laboratory: Triangle Enviro Services

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT) In ft Surface Area 2,450 (SQ FT) mastic

Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS

____: NOT REMOVED

X : TO BE REMOVED

Category I: 300 LF window caulking

Category II:

XIII. WASTE TRANSPORTER:

Name: Enviro Inc

Full Mailing Address: 108 Nehi Road, Ellisville, MS 39437

Contact Person: John Telephone: 601-477-8338

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JUN 15 2017

Dept. of Environmental Quality

**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 o to an authorized Rubbish Site, or to a permitted sanitary landfill

XVI. REMOV AL/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 RENOV ATION WORK

Remove ACM materials using wet method

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PUL VERIZED, 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/RENOV ATIONS: 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: _____

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

OR

P.O. Box 2261
Jackson, MS. 39225

RECEIVED Date 6/13/17

JUN 15 2017

Dept. of Environmental Quality