

REVISED

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

I. **TYPE OF NOTICE:** ☒ Original ☐ Revision ☐ Canceled
☐ Annual ☐ Info. Only

II. **TYPE OF PROJECT:** ☐ Renovation ☒ Demolition
☐ Ordered Demolition ☐ Emergency Renovation

III. **SITE INFORMATION:** Name Parcels 010-00-00-W and 012-00-00-W in Marshall County
Description: Demolition of two small buildings for an MDOT Bridge Replacement Project
Address: _____
City: Holly Springs, MS County: Marshall State: MS ZIP: _____
Contact Person: Blane Jackson Telephone: PO Box 1850, Jackson, MS 39215

IV. **OWNER INFORMATION:** Name: Mississippi Department of Transportation
Full Mailing Address: PO Box 1850, Jackson, MS 39215
Contact Person: Mr. Blane Jackson Telephone: (601) 359-7001

V. **ASBESTOS REMOVAL CONTRACTOR:** Name: Century Construction and Realty, Inc.
Certification No.: _____ Expiration Date: _____
Full Mailing Address: PO Box 1366, Tupelo, MS 38802
Contact Person: Chns Lefler Telephone: 662-844-3331 Ext 226

VI. **CONTRACTOR (Other):** Name: Century Construction & Realty, Inc.
Full Mailing Address: 705 Robert E. Lee Dr.
Contact Person: Dalton Lincoln Telephone: 662-844-3331 Ext 223

VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**
Removal Project Start: 06 / 26 / 17 Removal Project Stop: 07 / 01 / 17

VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**
Project Start: 06 / 28 / 17 Project Stop: 07 / 06 / 17 Prep. Date: 6 / 25 / 17

IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 1,000 Bldg. Size (LNFT): _____
No. of Floors: 1 Age in Years: >20 yrs
Present Use: none Prior Use: shop/garage

X. **ASBESTOS INSPECTION:**
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No
Inspection Date: 01 / 14 / 16 Asbestos Present? ☒ Yes ☐ No
Inspector: Kelvin Thigpen Cert. No.: ABI-00001788 Expiration Date: 07/23/17
Identify suspect materials sampled: Floor tile, gypsum, siding, roof felt, roof shingles
Laboratory Analysis: TEM PLM X Other _____
Name of Laboratory: EMSI Analytical, Inc.

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

XII. **QUANTITY OF NONFRIABLE ASBESTOS** ☐ NOT REMOVED ☒ TO BE REMOVED:
Category I: 450 sq ft Category II: _____

XIII. **WASTE TRANSPORTER:** Name: Century Construction
Full Mailing Address: PO Box 1366, Tupelo, MS 38802
Contact Person: Chris Lefler Telephone: 662-844-3331 Ext. 226

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Three Rivers Landfill
 Physical Location: 1904 MS-76, Pontotoc, MS 38863
 Full Mailing Address: 1904 MS-76, Pontotoc, MS 38863
 Contact Person: Alicia Chism Telephone: 662-488-0444
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: Senatobia Landfill
 Physical Location: Hogs Foot Rd, Senatobia, MS 38668
 Full Mailing Address: Hogs Foot Rd, Senatobia, MS 38668
 Contact Person: _____ Telephone: _____
 *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 type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input 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 type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
 Work will include demolition and haul-off of a metal/tin building, 2 one-story frame buildings, a metal canopy, a metal shed, and a small wood sign.

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

*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.

Chris Lefler - Project Manager	Chris Lefler	6/16/17
Type or Print Name & Title	Signature	Date

MAIL TO:	Office of Pollution Control	Physical Address	515 Amite Street
	P.O. Box 2261		Jackson, MS 39201
	Jackson, MS 39225		
	(601) 961-5171		