

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

Revised: 2100

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

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

III. SITE INFORMATION

Name: Eric Lowery Law Office

Description: Office

Address 525 Corinne St. Hattiesburg MS 39401

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

Contact Person: Scott Telephone: 601-307 7771

RECEIVED
JUN 29 2017
Dept. of Environmental Quality

IV. OWNER INFORMATION

Name: Eric Lowery

Full Mailing Address: 525 Corinne Street MS 39401

Contact Person: Eric Lowery Telephone: 601-

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: BW Sullivan

Full Mailing Address: 4415 Hwy 49 Hattiesburg, MS 39401

Contact Person: Scott Telephone: 601-307 7771

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

Removal Project Start: 7/10/17 Removal Project Stop: 7/11/17

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): 4500 Bldg. Size (LN FT):

No. of Floors 1 Age in Years: over 20

Present Use: Office Prior Use:

X. ASBESTOS INSPECTION:

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

Inspection Date: 6/22/17 Asbestos Present? (x) yes () no

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

Identify suspect materials sampled: Flooring, walls, ceiling

Laboratory Analysis: TEM PLM Other

Name of Laboratory: Triangle Enviro Services

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT) ln ft Surface Area 4,500 (SQ FT)

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 Road, Hattiesburg, MS 39401

Contact Person: Telephone: 601-582-2277

**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 CRUMBLLED, 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 6/23/17

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

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