

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

Revised: 2/00

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

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

III. SITE INFORMATION

Name: Quitman School District, Junior High Cafe

Description: Cafeteria

Address: 104 E Franklin St

City: Quitman

County: Clark

State: MS

Zip: 39355

Contact Person: Jerry Huston

Telephone: 601-776-2186

IV. OWNER INFORMATION

Name: Quitman School District

Full Mailing Address: 104 E Franklton Street, Quitman, MS 39355

Contact Person: Jerry Huston

Telephone: 601-776-2186

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: J and H Construction

Full Mailing Address: 1930 SCR 101, Raleigh MS 39153

Contact Person: Jerry Huston

Telephone: 601 670 5500

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

Removal Project Start: 7/15/17 Removal Project Stop: 8/17/17

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

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

IX. BUILDING INFORMATION

Bldg. Size (SQ FT): 1900 +/- per Bldg. Size (LN FT):

No. of Floors 1 Age in Years: over 20

Present Use: School Prior Use:

X. ASBESTOS INSPECTION:

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

Inspection Date: Asbestos Present? (x) Yes () no

Inspector Sch Manag Plan Cert. No.: Exp. Date:

Identify suspect materials sampled: Flooring, assumed

Laboratory Analysis: TEM X PLM Other

Name of Laboratory: assumed

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT): Surface Area 2,420 (SQ FT)

Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS:

NOT REMOVED TO BE REMOVED

Category I: / SF

Category II: / SF

XIII. WASTE TRANSPORTER:

Name: Enviro.

Full Mailing Address: , Ellisville, MS

Contact Person: John

Telephone: 601-477-8668

RECEIVED
JUL 17 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 go to an authorized Rubbish Site, or to a permitted sanitary landfill

XVI. REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):

- | | | | |
|--------------------|--------------------|-------------------------|----------------------|
| -x-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 using wet method

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 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: / /

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: 7/13/17

MAIL TO: Office of Pollution Control

515 Amite Street
Jackson, MS 39201
(601) 961-5171

OR

P.O. Box 2261
Jackson, MS. 39225