

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

- I. **TYPE OF NOTICE:** (X) Original () Revision () Canceled
() Annual () Info. Only
- II. **TYPE OF PROJECT:** (X) Renovation () Demolition
() Ordered Demolition () Emergency Renovation
- III. **SITE INFORMATION:** Name THE OLD R & K RADIATOR SERVICE BUILDING
Description: VACANT RADIATOR SERVICE BUILDING
Address: 303 RANGE AVE.,
City: PHILADELPHIA County: NESHOIBA State: MS. ZIP: 39350
Contact Person: BUTCH HODGINS Telephone: 601-562-0292
- IV. **OWNER INFORMATION:** Name: MR. JOHN PEETS
Full Mailing Address: 10062 HWY 21 NORTH, PHILADELPHIA, MS. 39350
Contact Person: BUTCH HODGINS Telephone: 601-562-0292
- V. **ASBESTOS REMOVAL CONTRACTOR:** Name: BILLY SHUMATE CONST.
Certification No.: ABC-00001893 Expiration Date: SEPT. 7th 2017
Full Mailing Address: P.O. BOX 4279, MERIDIAN, MS. 39304
Contact Person: BILLY SHUMATE Telephone: 601-693-3207
- VI. **CONTRACTOR (Other):** Name: BUTCH HODGINS CONSTRUCTION
Full Mailing Address: 10062 HWY 21 NORTH, PHILADELPHIA, MS. 39350
Contact Person: BUTCH HODGINS Telephone: 601-562-0292
- VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**
Removal Project Start: 8 / 1 / 17 Removal Project Stop: 8 / 4 / 17
- VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**
Project Start: 8 / 5 / 17 Project Stop: / / Prep. Date: / /
- IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 3000 Bldg. Size (LNFT):
No. of Floors: 2 Age in Years: 65
Present Use: VACANT Prior Use: RADIATOR SHOP
- X. **ASBESTOS INSPECTION:**
Was site inspected to determine presence of asbestos: (X) Yes () No
Inspection Date: 6 / 20 / 17 Asbestos Present? (X) Yes () No
Inspector: PAUL ANDERSON Cert. No.: ABI-00001686 Expiration Date: 7-15-17
Identify suspect materials sampled: ROOF, TEXTURE, WINDOWS, CEILING, FLASHING,
Laboratory Analysis: TEM PLM XX Other
Name of Laboratory: C.E.I. LABS
- XI. **QUANTITY OF RACM TO BE REMOVED:**
Pipes (LN FT) Surface Area (SQ FT)
Volume of Facility Components(CU FT)
- XII. **QUANTITY OF NONFRIABLE ASBESTOS** NOT REMOVED XX TO BE REMOVED:
Category I: ROOF TAR FLASHING Category II:
500 sq.ft.
- XIII. **WASTE TRANSPORTER:** Name: BILLY SHUMATE CONST.
Full Mailing Address: P.O. BOX 4279, MERIDIAN, MS. 39304
Contact Person: BILLY SHUMATE Telephone: 601-693-3207

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: PINERIDGE LANDFILL
 Physical Location: 520 MURPHY ROAD, MERIDIAN, MS.
 Full Mailing Address: 520 MURPHY ROAD, MERIDIAN, MS. 39301
 Contact Person: JUSTIN CULLPEPPER Telephone: 601-483-0715
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: PHILADELPHIA LANDFILL
 Physical Location: CITY OF PHILADELPHIA, MS.
 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/RENOVATION PROCEDURES TO BE USED (Check all that apply):

| | | | |
|--|--|---|--|
| <input 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 type="checkbox"/> Bulldozer |
| <input type="checkbox"/> Containment | <input type="checkbox"/> Glove Bag | <input type="checkbox"/> Explode | <input type="checkbox"/> Negative Air |
| <input checked="" type="checkbox"/> Wet Method | <input type="checkbox"/> Roofing Saw | <input type="checkbox"/> Other - Explain Below: | |

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

REMOVAL OF METAL ROOF FLASHING WITH A.C.M.
CEMENT ON IT.. REROOFING OF BUILDING..

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

AS PER D.E.Q. REQUIREMENTS
 *Will MDEQ be notified of any significant changes? (X)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.

BILLY SHUMATE , CONTRACTOR
 Type or Print Name & Title


 Signature 7-17-17
 Date

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

Physical Address 515 Amite Street
 Jackson, MS 39201

RECEIVED
JUL 19 2017
 Dept. of Environmental Quality