

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
SEP - 8 2017
Dept. of Environmental Quality

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 MSC Building
Description: Offices
Address: 125 Hemlock Street,
City: Columbus County: Lowndes State: MS ZIP: 39702
Contact Person: Jim Wamble Telephone: 662-327-4183

IV. OWNER INFORMATION: Name: Jim Wamble
Full Mailing Address: 88 Chrise Dr. West Point, MS 39773
Contact Person: Jim Wamble Telephone: 662-364-1677

V. ASBESTOS REMOVAL CONTRACTOR: Name: AIR Environmental
Certification No.: ABC-00002269 Expiration Date: 1-11-18
Full Mailing Address: 3404 Camellia Circle, Columbus, MS39705
Contact Person: Edward Lesniak Telephone: 662-242-5387

VI. CONTRACTOR (Other): Name: Owner is replacing carpet and flooring and painting walls, no structure demo
Full Mailing Address: 88 Chrise Dr. West Point, MS 39773
Contact Person: Jim Wamble Telephone: 662-364-1677

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 9 / 15 / 17 Removal Project Stop: 9 / 17 / 17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: / / Project Stop: / / Prep. Date: / /

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 17,500 Bldg. Size (LNFT): 100 x 175
No. of Floors: 1 Age in Years: 35
Present Use: Offices, conference Prior Use: Offices, conference

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: () Yes (X) No material assumed ACM
Inspection Date: / / Asbestos Present? () Yes () No
Inspector: N/A Cert. No.: N/A Expiration Date: / /
Identify suspect materials sampled: Floor tile / Black mastic assumed to be ACM
Laboratory Analysis: TEM PLM Other
Name of Laboratory: N/A

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 2,232 TO BE REMOVED:
Category I: X Category II:

XIII. WASTE TRANSPORTER: Name: Go Box, LLC
Full Mailing Address: 100 Rosecrest Lane, Columbus, MS39701
Contact Person: Rob Graham Telephone: 662-574-4413

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: ROBO Landfill (Noxubee County)
 Physical Location: 6447 Wahalak Rd. Scooba, MS 39358
 Full Mailing Address: 6447 Wahalak Road, Scooba, MS 39358
 Contact Person: Roland Edmonds Telephone: (662) 361-0300
 *All asbestos waste should go to a permitted sanitary landfill.

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/RENOVATION PROCEDURES TO BE USED (Check all that apply):

<input checked="" type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input checked="" type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input checked="" type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" 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:
Remove assumed ACM floor tile and black mastic using wet methods and placing material in MDOT
6 mil ACM bags

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 and regulate area. Remove material using wet methods and proper handling of ACM material.
Discussed the dates with Mr. Tommy Moody
 *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.

Ed Lesniak
 Type or Print Name & Title


 Signature

9-5-17
 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