

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED

SEP 18 2017

DEQ-OPC

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

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

III. SITE INFORMATION: Name Town of Pelahatchie
Description: Police Department #2
Address: _____
City: Pelahatchie County: Rankin State: MS ZIP: 39145
Contact Person: Mayor Ryshonda Beechem Telephone: 601-960-1054

IV. OWNER INFORMATION: Name: Town of Pelahatchie
Full Mailing Address: 705 Second Street, Pelahatchie, MS 39145
Contact Person: Mayor Ryshonda Beechem Telephone: 601-854-5224

V. ASBESTOS REMOVAL CONTRACTOR: Name: Advanced Environmental Consultants, Inc.
Certification No.: ABI-00002431 Expiration Date: 1/24/18
Full Mailing Address: 775 N. President Street, Jackson, MS 39202
Contact Person: DeJonnelle King Telephone: 601-362-1788

VI. CONTRACTOR (Other): Name: Advanced Environmental Consultants, Inc.
Full Mailing Address: 775 N. President Street, Jackson, MS 39202
Contact Person: DeJonnelle King Telephone: 601-362-1788

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 09 / 19 / 17 Removal Project Stop: 09 / 21 / 17

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

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 2,520 Bldg. Size (LNFT): _____
No. of Floors: 1 Age in Years: Unknown
Present Use: Vacant Prior Use: Industrial

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: ☐ Yes ☒ No **Assumed Asbestos**
Inspection Date: ___ / ___ / ___ Asbestos Present? ☐ Yes ☒ No
Inspector: _____ Cert. No.: _____ Expiration Date: _____
Identify suspect materials sampled: _____
Laboratory Analysis: TEM _____ PLM _____ Other _____
Name of Laboratory: _____

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface Area (SQ FT) 1,300
Volume of Facility Components(CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS ☐ NOT REMOVED ☒ TO BE REMOVED:
Category I: 1,300 Category II: _____

XIII. WASTE TRANSPORTER: Name: Advanced Environmental Consultants, Inc.
Full Mailing Address: 775 N. President Street, Jackson, MS 39202
Contact Person: DeJonnelle King Telephone: 601-362-1788

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Waste Management Clearview Landfill
 Physical Location: 2253 Mudline Road, Lake, MS 39092
 Full Mailing Address: Same as above
 Contact Person: Lurlene Irvin Telephone: 866-909-4458
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos): N/A
 Name: _____
 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 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 checked="" type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" 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: N/A

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
 Operations will cease, preventive actions will be implemented. MDEQ and the Town of Pelahatchie will be notified immediately.
 *Will MDEQ be notified of any significant changes? ☒ Yes ☐ No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW: N/A
 Name: _____ Title: _____
 Authority: _____
 Date of Order: _____ Date Demolition to Begin: ____/____/____

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ____/____/____ Time: ____:____:____
 Description of the sudden, unexpected event:
Police Station #2 has 9X9 floor tile. A wood flooring had been placed on top and glued to the flooring. A portion of the flooring had been removed which created an unsafe environment.
The area is now unsafe for occupants. The flooring is unlevel and mastic visible in the areas where the flooring was removed.
 Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:
Exposure as cited in Item XX has created unsafe conditions. The Town of Pelahatchie would like to have the area abated to create a safe environment for all.

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.

Dr. DeJonnnette G. King / President/CEO

Type or Print Name & Title

Signature

9/15/17

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