

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

RECEIVED

Please type or print legibly.

Incomplete notices will not meet notification requirements.

SEP 18 2017
Revised: 2/00

I. TYPE OF NOTICE: (✓) Original () Revision () Canceled
() Annual () Info. Only Dept. of Environmental Quality

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

III. SITE INFORMATION: Name: Harper Square
Description: Vacant strip center space
Address: 1801 S. Harper Road Suite 10 # 11
City: Corinth County: _____ State: MS Zip: 38834
Contact Person: Harley White Telephone: (251) 599-0693

IV. OWNER INFORMATION: Name: Harper Square II-CMS, LLC
Full Mailing Address: 1801 S. Harper Road Suite 10 # 11
Contact Person: Harley White Telephone: (251) 599-0693

V. ASBESTOS REMOVAL CONTRACTOR: Name: Michael Quinn
Certification No.: ABC-00007607 Exp. Date: 9/8/2018
Full Mailing Address: 10564 Ditch Lane Rockvale, TN 37153
Contact Person: Keith Carey Telephone: (615) 293-9760

VI. CONTRACTOR (Other): Name: VBG, LLC
Full Mailing Address: 10564 Ditch Lane Rockvale, TN 37153
Contact Person: Keith Carey Telephone: (615) 293-9760

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 10 / 2 / 2017 Removal Project Stop: 10 / 7 / 2017

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 10 / 9 / 2017 Project Stop: 11 / 9 / 2017 Prep. Date: / /

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 5000 Bldg. Size (LN FT): _____
No. of Floors: 1 Age in Years: 40
Present Use: Unoccupied Prior Use: Restaurant

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? (✓) yes () no * see attached survey
Inspection Date: / / Asbestos Present? (✓) yes () no
Inspector: Keith Carey Cert. No.: ABI-00007674 Exp. Date: 3/9/2018
Identify suspect materials sampled: _____
Laboratory Analysis: TEM PLM X Other _____
Name of Laboratory: CEI Labs

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT): 0 Surface Area (SQ FT): 0
Volume of Facility Components (CU FT): 0

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED 4000 TO BE REMOVED:
Category I: 4000 / _____ Category II: _____ / _____

XIII. WASTE TRANSPORTER: Name: Waste Connections
Full Mailing Address: 2941 County Road 302 Walnut, MS
Contact Person: Jessica Burch Telephone: (662) 223-6800

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Waste Connections
 Physical Location: 2941 County Rd 302 Walnut, MS
 Full Mailing Address: 2941 County Rd 302 Walnut, MS
 Contact Person: Jessica Burch Telephone: (662) 223-6800
 * All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: Alcom Transfer Station
 Physical Location: 2610 Getwell Rd Corinth, MS 38834
 Full Mailing Address: 2610 Getwell Rd Corinth, MS 38834
 Contact Person: Jessica Burch Telephone: (662) 223-6800
 * 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):

<input checked="" type="checkbox"/> Strip & Removal	<input 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 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 4000 sq. ft. VCT.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
keep material wet with amended water & use containment.

* 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.

Michael Quinn
 Type or Print Name and Title

M. Quinn
 Signature

9/14/17
 Date

MAIL TO: Office of Pollution Control
 101 West Capitol Street, Suite 100 OR
 Jackson, MS 39201
 (601) 961-5171

P.O. Box 10385
 Jackson, MS. 39289-0385