

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
OCT 23 2017
Dept. of Environmental Quality

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

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

III. SITE INFORMATION: Name Future Commerce Bank
Description: Full City Block
Address: Between Taylor, Webster, Bunch & Childs Street
City: Corinth County: Alcorn State: MS ZIP: 38834
Contact Person: Buz Plaxico Telephone: 662-287-4221

IV. OWNER INFORMATION: Name: Commerce Bank
Full Mailing Address: 306 S Cass Street, Corinth, MS 38834
Contact Person: Frank Davis Telephone: 662-286-5577

V. ASBESTOS REMOVAL CONTRACTOR: Name: Century Construction Group, Inc
Certification No.: 11403-MC Expiration Date: 7/8/18
Full Mailing Address: PO Box 1366, Tupelo, MS 38802
Contact Person: Chris Lefler Telephone: 662-844-3331

VI. CONTRACTOR (Other): Name: Century Construction & Realty, Inc.
Full Mailing Address: PO Box 1366/705 Robert E. Lee Dr., Tupelo, MS 38802
Contact Person: Dalton Lincoln Telephone: 662-844-3331

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 11 / 1 / 17 Removal Project Stop: 11 / 30 / 17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 11 / 5 / 17 Project Stop: 12 / 35 / 17 Prep. Date: 11 / 1 / 17

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): +/- 20,000 Bldg. Size (LNFT): 145x140
No. of Floors: 1 Age in Years: <10 yrs
Present Use: none Prior Use: Strip Mall

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No
Inspection Date: 06 / 07 / 17 Asbestos Present? ☒ Yes ☐ No
Inspector: Ross Boatright Cert. No.: 21567 SC Expiration Date: 03/13/2018
Identify suspect materials sampled: Floor tile and mastic, cover base mastic, sheetrock/joint compound, transite, spray-on ceilings, window sealant
Laboratory Analysis: TEM PLM XX Other _____
Name of Laboratory: CA 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 ☒ TO BE REMOVED:
Category I: _____ Category II: 15,000 SF

XIII. WASTE TRANSPORTER: Name: Century Construction Group, Inc.
Full Mailing Address: Same as Above
Contact Person: _____ Telephone: _____

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Buck Run Landfill
 Physical Location: 2941 County Road 302, Walnut, MS 38683
 Full Mailing Address: 1904 MS-7, Pontotoc, MS 38863
 Contact Person: David Greene Telephone: (662) 223-5445
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: Buck Run Landfill
 Physical Location: 2941 County Road 302, Walnut, MS 38683
 Full Mailing Address: Same as Above
 Contact Person: David Greene Telephone: (662) 223-5445
 *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 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 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:
Wet method strip and removal of floor tile and mastic prior to demolition of ceiling structure and supports.

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 immediately and contact the MDEQ for the next action to be taken

 *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.

Claude D Plaxico, President
 Type or Print Name & Title

Claude D. Plaxico
 Signature

10/19/17
 Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
 P.O. Box 2261 Jackson, MS 39201
 Jackson, MS 39225
 (601) 961-5171