

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
NOV 02 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 MDOT Hwy 7 Project
Description: Structure demolition in support of Hwy Project: 9-Q Billboard, 10-W Radio Station, 28-W Mobile Home and Shop, 47-Q/W Gas Station Canopy
Address: 9-Q 302 SR 7 S, 10-W 307 CR 301, 28-W 12 CR 322, 47-Q/W 1700 Belk Blvd
City: Oxford County: Lafayette State: MS ZIP: 38655
Contact Person: Blane Jackson Telephone: PO Box 1850, Jackson, Mississippi 39215-1850

IV. OWNER INFORMATION: Name: MDOT Right of Way Divisio
Full Mailing Address: PO Box 1850, Jackson, Mississippi 39215-1850
Contact Person: Blane Jackson Telephone: 601-359-7001

V. ASBESTOS REMOVAL CONTRACTOR: Name: EnviroRem Inc
Certification No.: ABC-00004273 Expiration Date: 6/20/18
Full Mailing Address: 1715 Lochearn Road, Memphis, TN 38116
Contact Person: Will Brown Telephone: 800 456 6766

VI. CONTRACTOR (Other): Name: N/A
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 9 / 18 / 17 Removal Project Stop: 9 / 20 / 17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 11 / 13 / 17 Project Stop: 11 / 30 / 17 Prep. Date: 11 / 30 / 17

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): See Attached Bldg. Size (LNFT): _____
No. of Floors: _____ Age in Years: Varies
Present Use: Vacant Prior Use: Commercial, residential, and signage

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No
Inspection Date: 1 / 2 / 14 Asbestos Present? ☒ Yes ☐ No
Inspector: Hal Moore Cert. No.: ABI-2284 Expiration Date: 1/17/15
Identify suspect materials sampled: All Suspect in All Structures
Laboratory Analysis: TEM PLM X Other _____
Name of Laboratory: IATL - NJ

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

XII. QUANTITY OF NONFRIABLE ASBESTOS ☐ NOT REMOVED ☒ TO BE REMOVED:
Category I: 675 SF of Roofing Category II: _____

XIII. WASTE TRANSPORTER: Name: Waste connections
Full Mailing Address: 904 MS 76, Pontotoc, MS 38863
Contact Person: Amanda Satterfield Telephone: 662 760 3944

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Three Rivers
 Physical Location: 1904 MS 76, Pontotoc, MS 38863
 Full Mailing Address: Same
 Contact Person: Amanda Satterfield Telephone: 662 760 3944
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: Same
 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 checked="" type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input checked="" 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:
Standard Neshap demolition with excavator and dust suppression as needed following Class II removal work and third party clearance.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Not anticipated. If it does occur wet materials and consult with third parties as needed.

*Will MDEQ be notified of any significant changes? ☒ Yes ☐ No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: John Murray Title: Property Management Officer
 Authority: MDOT Right of Way
 Date of Order: August 4, 2015 Date Demolition to Begin: 8 / 23 / 16

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: N/A / / , Time:
 Description of the sudden, unexpected event:
NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:
N/A

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.

Will Brown, VP Consulting Services, Envirorem

Type or Print Name & Title

Signature

Date

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