

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED

FEB 01 2018

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 AT&T Canton Repeater Building
 Description: Small Communications Hut
 Address: Highway 43 South
 City: Canton County: Madison State: MS ZIP: 39046
 Contact Person: Christina Martinez Telephone: 225-367-5083

IV. OWNER INFORMATION: Name: AT&T Canton Repeater Building
 Full Mailing Address: Highway 43 South
 Contact Person: Jimmie Maughon Telephone: 251-243-9856

V. ASBESTOS REMOVAL CONTRACTOR: Name: Lakeshore Environmental Contractors
 Certification No.: 0000184 Expiration Date: 09/29/2018
 Full Mailing Address: 5513 Eastcliff Industrial Loop Birmingham, AL 35210
 Contact Person: Aaron Murphree Telephone: 205-288-7049

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

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
 Removal Project Start: 02 / 13 / 2018 Removal Project Stop: 02 / 14 / 2018

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
 Project Start: 02 / 15 / 2018 Project Stop: 02 / 16 / 2018 Prep. Date: 02 / 13 / 2018

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 600 Bldg. Size (LNFT): _____
 No. of Floors: 1 Age in Years: 40
 Present Use: Repeater Building Prior Use: Repeater Building

X. ASBESTOS INSPECTION:
 Was site inspected to determine presence of asbestos: Yes No
 Inspection Date: 01 / 11 / 2018 Asbestos Present? Yes No
 Inspector: Mile Milano Cert. No.: ABI-00008523 Expiration Date: 07/11/2018
 Identify suspect materials sampled: roof, walls, cove base, floors
 Laboratory Analysis: TEM _____ PLM X Other _____
 Name of Laboratory: Quantem Laboratory

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: 1,105 SF 265 LF Category II: _____

XIII. WASTE TRANSPORTER: Name: Lakeshore Environmental Contractors
 Full Mailing Address: 5513 Eastcliff Industrial Loop Birmingham, AL 35210
 Contact Person: Aaron Murphree Telephone: 205-943-5711

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Blount County Landfill
Physical Location: 1130 County Line Road Trafford, AL 35172
Full Mailing Address:
Contact Person: Telephone:
*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: Canton Landfill
Physical Location: 303 Soldier Colony Road Canton, MS 39046
Full Mailing Address:
Contact Person: Telephone: 601-859-8626
*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):
x Strip & Removal x Double Bagging Mechanical Chipping Component Removal
Wrecking Ball Gross Demolition Remove Intact Bulldozer
Containment Glove Bag Explode Negative Air
x Wet Method Roofing Saw Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Regulated Area, Decon, Negative Air, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vacuum, Amended Water, Applied During Removal & ACM Double Bagged.
Demo Wet Method with Small Mini Excavator

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, Contain Area, Notify Mississippi DEP
*Will MDEQ be notified of any significant changes? [x] 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.
Stan Roth - Member Signature Date 1-31-18
Type or Print Name & Title

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