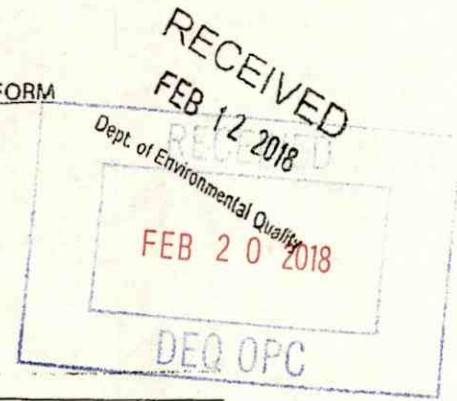


STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.



- I. TYPE OF NOTICE: Original Revision Canceled
 Annual Info. Only
- II. TYPE OF PROJECT: Renovation Demolition
 Ordered Demolition Emergency Renovation
- III. SITE INFORMATION: Name _____
 Description: VACANT HOUSES
 Address: 210, 14, 16, 18, 20 S MCK STREET
 City: COLUMBUS County: COLUMBIA State: MS ZIP: 39701
 Contact Person: ROBYN EASTMAN Telephone: 662-329-5600
- IV. OWNER INFORMATION: Name: B.H. PROPERTIES
 Full Mailing Address: 102 TEMPLE COVE COLUMBUS, MS 39702
 Contact Person: ROBYN EASTMAN Telephone: 662-329-5600
- V. ASBESTOS REMOVAL CONTRACTOR: Name: EDWARD CLAY
 Certification No: ABE-0005192 Expiration Date: 03-22-18
 Full Mailing Address: 4546 CALSTEENS RD
 Contact Person: ED CLAY Telephone: 662-386-6386
- VI. CONTRACTOR (Other): Name: TO BE DETERMINED
 Full Mailing Address: _____
 Contact Person: _____ Telephone: _____
- VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
 Removal Project Start: 03/28/18 Removal Project Stop: 03/09/18
- VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
 Project Start: 03/05/18 Project Stop: 03/15/18 Prep. Date: 1/1
- IX. BUILDING INFORMATION: Bldg. Size (SQ FT): _____ Bldg. Size (LNFT): _____
 No. of Floors: 1 Age in Years: 50+
 Present Use: VACANT Prior Use: FAMILY DWELLINGS
- X. ASBESTOS INSPECTION:
 Was site inspected to determine presence of asbestos: Yes No
 Inspection Date: 2/2/18 Asbestos Present? Yes No
 Inspector: ED CLAY Cert. No: ABI-0006706 Expiration Date: 07-20-18
 Identify suspect materials sampled: ROOFING FLOORING DRYWALL TEXTURES SEALANTS SIDING
 Laboratory Analysis: TEM _____ PLM X Other _____
 Name of Laboratory: CRISP ANALYTICAL (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: 16,200
- XIII. WASTE TRANSPORTER: Name: GO BOX
 Full Mailing Address: 100 ROSECREST DRIVE
 Contact Person: PAM BOLIN Telephone: 662-328-5642

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: ROBO LANDFILL
Physical Location: 6447 WAHALARD
Full Mailing Address: 6447 WAHALARD SCORBA, MS 39358
Contact Person: ROLAND EDWARDS Telephone: 662-793-4795
*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: COLUMBUS LANDFILL
Physical Location: 2122 ARMSTRONG RD
Full Mailing Address: 2122 ARMSTRONG RD COLUMBUS, MS 39702
Contact Person: _____ Telephone: 662-329-5115
*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):
 Strip & Removal Double Bagging Mechanical Chipping Component Removal
 Wrecking Ball Gross Demolition Remove Intact Bulldozer
 Containment Glove Bag Explode Negative Air
 Wet Method Roofing Saw Other - Explain Below: _____

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

HOUSES to be ABATED, DEMOLISHED, and DISPOSED OF
IN LANDFILL.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
CEASE WORK & CONTACT OWNER.
*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.

Ed May OWNER
Type or Print Name & Title

Ed May
Signature

02-20-18
Date

MAIL TO: Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225
(601) 961-5171

Physical Address 515 Amite Street
Jackson, MS 39207