STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly. Incomplete notices will not meet notification requirements.

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM Please type or print legibly. Incomplete notices will not meet notification requirements. TYPE OF NOTICE: (**) Original** (**) Renovation (**) Demolition (**		Please type or print le	egibly.
TYPE OF PROJECT: () Renovation (X) Demolition () Emergency Renovation () Ordered Demolition () Emergency Renovation	In	complete notices will not meet noti	ification requirements.
TYPE OF PROJECT: () Renovation (X) Demolition () Emergency Renovation () Ordered Demolition () Emergency Renovation SITE INFORMATION: Name Louisville Brick Company Description: Abandoned / No longer in operation Address: 750 North Church Avenue City: Louisville County: Winston State MS ZIP: 39339 Contact Person: Billy Don Baker Telephone: (662) 773-8054 OWNER INFORMATION: Name: Mississippi Property Investments Full Mailing Address: 710 Plum Hollow Drive, College Station TX 77845 Contact Person: Mississippi Property Investments (Office) Telephone: (979) 676-2210 ASBESTOS REMOVAL CONTRACTOR: Name: AIR Environmental Certification No: ABC-00002269 Expiration Date: 1-10-19 Full Mailing Address: 3404 Camellia Circle, Columbus, MS 39705 Contact Person: Edward Lesniak Telephone: (662) 242-5387 CONTRACTOR (Other): Name: Bakers Ready Mix Telephone: (662) 773-8054 ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project State: 3 / 13 / 18 Removal Project State: 3 / 13 / 18 Removal Project Stop: 3 / 31 / 18 DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start: 3 / 13 / 18 Project Stop: 4 / 14 / 18 Prep. Date: 3 / 12 / 18 BUILDING INFORMATION: Bidg. Size (SQ FT): 44,000 Bidg. Size (LNFT): 160 x 275 No. of Floors: 1 Age in Years: 45 + Present Use: Non operational Prior Use: Made bricks ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos: (X) Yes () No Inspection Date: 1 / 28 / 18 Asbestos Present? (X) Yes () No Inspector: Edward Lesniak Cert. No: ABI-00001230 Expiration Date: 4-7-18 Identify suspect materials sampled: Transite panels (between interior ceiling) Laboratory EMSI-18369 Petroleum Drive, Baton Rouge, LA, 70809 QUANTITY OF RACKITO BE REMOVED: Pipes (LN FT) Volume of Facility Components (CU FT) QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED 1,200 sf To BE REMOVED:	TYPE OF NOTICE:		() Canceled Dept. of Environ
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STATE OF MISSISSIPPI DEMOLITON/RENOVATION FORM - CONTINUED

XIV.	WASTE ASBESTOS DISPOSAL SITE: Name: Robo Landfill Physical Location: 6447 Wahalak Rd. Scooba, MS 39358							
		ddress: 6447 Wahalak Rd. Scool						
	Contact Person: Rolland Edmunds Telephone: (662) 361-0300							
	*All asbestos waste should go to a permitted sanitary landfill.							
XV.	DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):							
	Name: Louis							
	Physical Location: 3698 Landfill road. Louisville. MS 39339							
	Full Mailing Address: P.O. Box 210 Louisville MS 39339							
		n: Robert Eaves	Telephone: 662-77					
	*All demolitio	n debris (other than asbestos) shou	ld go to an authorized Rubbish Si	te, or to a permitted sanitary landfill.				
XVI:	REMOVAL/RE	NOVATION PROCEDURES TO BE	USED (Check all that apply):					
	Strip & Re		X Mechanical Chipping	Component Removal				
	Wrecking			X Bulldozer				
	Containn		Explode	Negative Air				
	X Wet Met		Other - Explain Below:	Tregative ris				
XVII.	DESCRIPTION	N OF PLANNED DEMOLITIONOR RI	ENOVATION WORK					
AVII.	and the same and the same and the same and	vill be dismantled using track ho	The second secon	t fiber release				
		s are inclosed in a large metal bu						
		blished regulated areas applicab						
		activities. Daily OSHA / EPA air r						
XVIII.	PROCEDURES.	TO BE FOLLOWED IF UNEXPECTE	D ACM IS FOUND OR NONFRIA	BLE ACM BECOMES CRUMBLED,				
		OR REDUCED TO A POWDER OR S						
		All work will stop. Establish regulated area(s). Implement engineering controls to inhibit fiber/ dust release						
*		ontain and store all ACM. Proper						
		e notified of any significant changes						
XIX.		ON ORDERED BY A GOVERNMENT		Y BELOW:				
	Name:		Title:					
	Authority:							
	Date of Order:		Date Demolition to Be	egin://				
XX.	EMERGENCY	DEMOLITION/RENOVATIONS: Da	te of Emergency: / /	Time:				
	EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency:/, Time: Description of the sudden, unexpected event:							
	o cacingaron o	and January and January and the						
	Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burde							
	Explanation	THOW THE EVENT COURSE OF THE CONTROL	mions of fronta coost equipment	duringe of differentiable francisis out of				
XXI.	When asbest	os-containing material is present,	an individual trained in the pro	ovisions of the regulation				
		bpart M) will be on site during th						
		een accomplished by this person						
	Leastifuthat	I certify that all of the above information is correct.						
	i certify that	an or the above information is cor						
	Edward Les	niak	(dward)	Zenel 2-24-18				
	Type or Print	Name & Title	Signature	Date				
	MAIL TO:	Office of Pollution Control	Physical Address 515 Amite	Street				
		P.O. Box 2261	Jackson, N					

P.O. Box 2261 Jackson, MS 39225 (601) 961-5171