

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED

Revised: 2/00

MAR 02 2018

I. TYPE OF NOTICE: [X] Original () Revision () Canceled
() Annual () Info. Only

II. TYPE OF PROJECT: [X] Renovation () Demolition
() Ordered Demolition () Emergency Renovation

Dept. of Environmental Quality

III. SITE INFORMATION: Name: Lamar Life Building
Description: Office Building/Apartments
Address:
City: Jackson County: Hinds State: Ms Zip:
Contact Person: Telephone:

IV. OWNER INFORMATION: Name: Andrew Mattice
Full Mailing Address: 125 South Congress St. 39201
Contact Person: Andrew Mattice Telephone: 601 352-1818

V. ASBESTOS REMOVAL CONTRACTOR: Name: Aaron Lee
Certification No.: ABC 00002924 Exp. Date: 12/11/2018
Full Mailing Address: P.O. Box 88 Edwards, Ms 39066
Contact Person: Aaron Lee Telephone: 601 383-3237

VI. CONTRACTOR (Other): Name: Bassfield and Gorrje LLC
Full Mailing Address: 3021 7th Ave. Birmingham, Ala. 35233
Contact Person: Ryan Telephone: 205 338-4000 / 601 978-0991

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 3/12/2018 Removal Project Stop: 4/12/2018

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 3/15/2018 Project Stop: 3/15/2019 Prep. Date: 3/9/2018

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 20,000 ft Bldg. Size (LN FT):
No. of Floors: 11 Age in Years: 100 yrs.
Present Use: Vacant Prior Use: office building

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? [X] yes () no
Inspection Date: / / Asbestos Present? [X] yes () no
Inspector: Kirk Glessinger Cert. No.: ABI-00002367 Exp. Date: 1/19/2019
Identify suspect materials sampled: Pipe Insulation-drywall-floor tile-chillers
Laboratory Analysis: TEM PLM Other
Name of Laboratory: ITAL

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) 325 ft Surface Area (SQ FT)
Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS - 12,500 sq ft NOT REMOVED 0 TO BE REMOVED:
Category I: / Category II: /

XIII. WASTE TRANSPORTER: Name: Aaron Lee
Full Mailing Address: P.O. Box 88 Edwards, Ms 39066
Contact Person: Aaron Lee Telephone: 601 383-3237

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Little Dixie Landfill

Physical Location: 1716 East County Line Rd.

Full Mailing Address: 1716 East County - Ridgeland, Ms

Contact Person: _____ Telephone: 601) 982-9488

* All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):

Name: Little Dixie Landfill

Physical Location: 1716 East County Line Rd. Ridgeland, Ms

Full Mailing Address: same

Contact Person: _____ Telephone: 601) 982-9488

* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/DEMOLITION 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:

Up grade office - Renovate floors 7-11 as apartments

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

Stop and call DEQ

*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:

N/A

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.

Owner / Aaron Lee

Type or Print Name and Title

Aaron Lee

Signature

Date

MAIL TO: Office of Pollution Control
101 West Capitol Street, Suite 100 OR
Jackson, MS 39201
(601) 961-5171

P.O. Box 10385
Jackson, MS. 39289-0385