

73472

## STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED  
APR - 3 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 Former Residence/Office Structure for new O'Reilly Auto Parts  
Description: Textured ceiling finish to be abated prior to building demolition.  
Address: 915 Azalea Drive  
City: Waynesboro County: Wayne State: MS ZIP: 39367  
Contact Person: John Tracey Telephone: 214-668-7151

IV. **OWNER INFORMATION:** Name: O'Reilly Auto Parts  
Full Mailing Address: 233 South Patterson, Springfield, MO 65802  
Contact Person: Construction Manager Telephone: 417-862-2674

V. **ASBESTOS REMOVAL CONTRACTOR:** Name: Hernandez Demolition & Remediation, LLC/Michael J. Brown  
Certification No.: ABC-00001670 Expiration Date: 5-04-2018  
Full Mailing Address: 19 Minor Hill Road, Hartselle, AL 35640  
Contact Person: Michael J. Brown Telephone: 251-379-7038

VI. **CONTRACTOR (Other):** Name: RSI Construction/Ron Sparks Inc.  
Full Mailing Address: 10345 Walnut Lane, Forney, TX 75126  
Contact Person: John Tracey Telephone: 214-668-7151

VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 4/16/18 Removal Project Stop: 4/19/18

VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: 4/20/18 Project Stop: 4/22/18 Prep. Date: 4/16/18

IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 2,300 Bldg. Size (LNFT): \_\_\_\_\_  
No. of Floors: 1 Age in Years: 50  
Present Use: Vacant Prior Use: Office/Residence

X. **ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No  
Inspection Date: 8/21/17 Asbestos Present? ☒ Yes ☐ No  
Inspector: W. Fred Mayes Cert. No.: ABI-00001724 Expiration Date: \_\_\_\_\_  
Identify suspect materials sampled: roof shingles, ceiling texture/paint, sheet rock, joint compound, vinyl flooring, sheet flooring, floor mastics, grout, caulking, glazing compound, felt paper  
Laboratory Analysis: TEM PLM X Other \_\_\_\_\_  
Name of Laboratory: CEA Labs

XI. **QUANTITY OF RACM TO BE REMOVED:**  
Pipes (LN FT) \_\_\_\_\_ Surface Area (SQ FT) 1,680 SF (textured ceiling finish)  
Volume of Facility Components(CU FT) \_\_\_\_\_

XII. **QUANTITY OF NONFRIABLE ASBESTOS** ☐ NOT REMOVED ☐ TO BE REMOVED:  
Category I: \_\_\_\_\_ Category II: \_\_\_\_\_

XIII. **WASTE TRANSPORTER:** Name: Hernandez Demolition & Remediation, LLC.  
Full Mailing Address: 19 Minor Hill Road, Hartselle, AL 35640  
Contact Person: Gilberto Hernandez Telephone: 256-303-1509

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: MacLand Disposal Center  
 Physical Location: 11300 Highway 63, Moss Point MS  
 Full Mailing Address: 11300 Highway 63, Moss Point MS  
 Contact Person: William Cooksey Telephone: 228-475-9750  
 \*All asbestos waste should go to a permitted sanitary landfill.

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):**  
 Name: City of Waynesboro Landfill  
 Physical Location: 215 Jimmy Ramey Road, Waynesboro, MS 39367  
 Full Mailing Address: 215 Jimmy Ramey Road, Waynesboro, MS 39367  
 Contact Person: Joe Zaydel Telephone: 601-735-4874  
 \*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 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:**  
 Abatement of friable asbestos containing textured ceiling finish prior to demolition.  
 Textured ceiling will be removed in negative pressure containment using wet methods and placed into properly labeled doubled 6 mil disposal bags.

**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 in area. Test unexpected material or investigate process. Notify Owner & MDEQ of any changes to scope or process.  
 \*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.

Michael J. Brown/Operations Manager

Type or Print Name & Title

  
 Signature

3-30-18  
 Date

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

**Physical Address** 515 Amite Street  
 Jackson, MS 39201