

73476

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

APR 2 - 2018
Revised: 2/00

I. TYPE OF NOTICE: ☒ Original ☐ Revision ☐ Canceled
☐ Annual ☐ Info. Only

II. TYPE OF PROJECT: ☐ Renovation ☒ Demolition
☐ Ordered Demolition ☐ Emergency Renovation

III. SITE INFORMATION: Name: Regions Bank

Description: Bank Drive ThruAddress: 431 West MainCity: TupeloCounty: LeeState: MSZip: 38801Contact Person: Justin DavisTelephone: 662-213-4917

IV. OWNER INFORMATION: Name: 431 West Main LLC

Full Mailing Address: PO Box 3088Tupelo MS 38803Contact Person: Justin DavisTelephone: 662-213-4917

V. ASBESTOS REMOVAL CONTRACTOR: Name: EPC Environmental

Certification No.: ABT-00006706Exp. Date: 7/20/18Full Mailing Address: 4546 Cal Steens Road Caledonia MS 39740Contact Person: Edward ClayTelephone: 662-386-6386

VI. CONTRACTOR (Other): Name: James A Hodges Construction

Full Mailing Address: 1281 CR 811Satillo MS 38806Contact Person: Andy HodgesTelephone: 662-321-1179

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):

Removal Project Start: 03/26/18Removal Project Stop: 03/26/18

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):

Project Start: 4/9/18 Project Stop: 4/12/18 Prep. Date: 4/9/18

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 150 Bldg. Size (LN FT):

No. of Floors: 1Age in Years: 40 yearsPresent Use: vacantPrior Use: bank drive thru

X. ASBESTOS INSPECTION:

Was site inspected to determine presence of asbestos? ☒ yes ☐ noInspection Date: 3/9/18 Asbestos Present? ☐ yes ☐ no >1%Inspector: Edward A ClayCert. No.: ABT-00006706Exp. Date: 7-20-18Identify suspect materials sampled: sprayed or traveled on Surfacing materials, insulation, wall board, ceiling tiles & floor tilesLaboratory Analysis: TEM ☒ PLM ☒ OtherName of Laboratory: Crisp Analytical, LLC

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT) Surface Area (SQ FT) 150Volume of Facility Components (CU FT) 1 cubic yard

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED TO BE REMOVED:

Category I: / Category II: /

XIII. WASTE TRANSPORTER: Name: James A Hodges Construction

Full Mailing Address: 1281 CR 811Satillo MS 38806Contact Person: Andy HodgesTelephone: 662-321-1179

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Three Rivers Landfill
 Physical Location: 1104 Hwy 76W Pontotoc, MS 38863
 Full Mailing Address: same
 Contact Person: Amanda Satterfield Telephone: 662-488-0444
 * All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: TMCO
 Physical Location: 544 Birmingham Ridge Rd Saville MS 38866
 Full Mailing Address: same
 Contact Person: Tim May Telephone: 662-869-2151
 * 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):

<input type="checkbox"/> Strip & Removal	<input 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 type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
excavator + bulldozer, knock down, load + haul

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
If found, stop job + test

* 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.

Andy Hodges, President
 Type or Print Name and Title

Andy Hodges
 Signature

3/23/18
 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