STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly. Incomplete notices will not meet notification requirements. Revised: 2/00 TYPE OF NOTICE: (X) Revision () Canceled () Original () Info. Only () Annual II. TYPE OF PROJECT: () Renovation (X) Demolition () Emergency Renovation () Ordered Demolition III. SITE INFORMATION: Name: Melvin Scrugos Description: Single stony family durolling Address: 141 Canal Street 38801 Zip: __ City: Tupelo County: Lee State: MS Contact Person: Tommy Schuggs Telephone: 662-891-1186 OWNER INFORMATION: Name: Melvin Songas IV. Sautillo MS 38866 Full Mailing Address: 1230 CR 811 Contact Person: Tonny Scrugas Telephone: (062-891-1186) V. ASBESTOS REMOVAL CONTRACTOR: Name: EAC Environmental Certification No.: ABC 00005192
Full Mailing Address: USU6 Cal Steens Road Exp. Date: Caledonia MS 39740 Contact Person: Edward Clay Telephone: 662-386-6386 VI. CONTRACTOR (Other): Name: James A Hodges Construction Inc. Full Mailing Address: 1281 CR 811 Salfillous 388do Contact Person: Andy Hodges Telephone: 662-321-1179 VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Stop: 3/17/18 Removal Project Start: 3 / 17/18 VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start: 3/26/18 Project Stop: 3/27/18 Prep. Date: 3/26/18 BUILDING INFORMATION: Bldg. Size (SQ FT): 103.38 H IX. Age in Years: (00 No. of Floors Prior Use: Single family rental Present Use: Vacant ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos? (X) yes () no Inspection Date: 22/18 Asbestos Present? (X) yes () no Inspector: Howard Outlaw Cert. No.: ABT 00008793 Exp. Date: Identify suspect materials sampled: grey siding | Shingles | Sheetrock |
Laboratory Analysis: TEM | PLM | Other | Name of Laboratory: RJLee Group QUANTITY OF RACM TO BE REMOVED: XI. Surface Area (SQ FT) Pipes (LN FT) Volume of Facility Components (CU FT) (3 NOT REMOVED TO BE REMOVED: XII. QUANTITY OF NONFRIABLE ASBESTOS -Category I: ___ Category II: XIII. WASTE TRANSPORTER: Name: James A Hodges Construction Full Mailing Address: 1281 CR 811 Saltilo MS 38866
Contact Person: Andy Hodges Telephone: 1062 Contact Person: Andy Hodges Telephone: 1062-321-1179_

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV.	WASTE ASBESTOS DISPOSAL SITE: Name: Three Rivers Langell					
	Physical Location: 904 Huly 76 W Pontotoc, MS 38863					
	Full Mailing Address: Same					
	Contact Person: Amarda Satterfield Telephone: 6628488-0	444				
	* All asbestos waste should go to a permitted sanitary landfill.					
XV.	DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):					
2.7.1.2	Name: TMCO					
	Physical Location: 544 Birmingham Ridge Rd Sattilloms	38866				
	Full Mailing Address: Same	2000				
	Contact Person: Tim May Telephone: (0/02-8/09-	2157				
	* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to	a permitted sanitary landfill.				
XVI.						
AVI.						
		onent Removal				
		Bulldozer				
	ContainmentGlove BagExplode	Negative Air				
	Wet MethodRoofing SawOther - Explain Below:					
XVII	. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WO	ORK:				
	excavator & bulldozer-knock down, load & ha	(1)				
	If found, stop job + test					
	*Will MDEQ be notified of any significant changes? (X) yes () no					
XIX.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDEN	TIFY THE AGENCY BELOW:				
	Name: Title:					
	Authority:					
	Date of Order: Date Demolition to Begin:					
XX.	EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency:/	/ . Time: :				
74.74.	Description of the sudden, unexpected event:					
	Explanation of how the event caused unsafe conditions or would cause equipment damage or	unreasonable financial burden:				
	Explanation of now the event eaused ansate containing of would eause equipment damage of annearonable intainean ourden.					
XXI.	When asbestos-containing material is present, an individual trained in the provi	isions of the regulation (40 CFR 61				
	Subpart M) will be on site during the demolition or renovation and evidence that					
	accomplished by this person will be available for inspection during normal busi					
	accomplished by this person will be available for inspection during normal busi	ness nours.				
	I certify that all of the above information is correct.					
	Andy Hodges, President and Huy	3/20/10				
	Type or Print Name and Title Signature	Date				
	MAIL TO: Office of Pollution Control					
	101 West Capitol Street, Suite 100 OR P.O. Box 10385					
	Jackson, MS 39201 Jackson, MS. 39289	0.0385				

Jackson, MS 39201 (601) 961-5171

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM Please type or print legibly.

	Inco	implete notices will not	meet notification requirements.	Revised: 2/00			
I.	TYPE OF NOTICE:	() Original () Annual	Revision () Canceled () Info. Only	d			
II.	TYPE OF PROJECT:	() Renovation () Ordered Demolition					
III.	Description: Single Stone Address: 37 (cural Street City: Tupelo Contact Person: Tommy)	Name: Melvin Sorug y family dwelle County: Lee	gs K	o: 3880 :6			
IV.	OWNER INFORMATION: Name: Melvin Scruggs Full Mailing Address: 1230 CR 811 Contact Person: Tommy Scruggs Telephone: 1662-891-(186)						
v.	ASBESTOS REMOVAL Certification No.: Full Mailing Address: Contact Person:	20	Exp. Date: Telephone:				
VI.	CONTRACTOR (Other): Name: James A. Hodges Construction Inc. Full Mailing Address: 1281 CR 811 Saltholoms 3881do Contact Person: Andy Hodges Telephone: 402-321-179						
	DEMOLITION/RENOV. Start: 3 /26/18 Proje BUILDING INFORMAT Present Use: Vacant	ect Stop: 3 20/18 ION: Bldg. Size (SQ FT): No. of Floors	Prep. Date: 3 /26/18 100	03.38 IF			
X .	Prior Use: Single Family Pental ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos? (X) yes () no Inspection Date: 2/20/18 Asbestos Present? () yes (X) no Inspector: Howard Outlaw Cert. No.: ABTO 008193 Exp. Date: Identify suspect materials sampled: Laboratory Analysis: TEM PLM Other Name of Laboratory:						
XI.	QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) Volume of Facility Components (CUFT)						
XII.	QUANTITY OF NONFR Category I:/		NOT REMOVED	TO BE REMOVED:			
XIII.	WASTE TRANSPORTE Full Mailing Address: 1281 Contact Person: Array Hody	CR811 Saltil					

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV.	WASTE ASB	ESTOS DISPOSA	AL SITE: Nam	e:			
	Physical Location	on:	1X)			
	Full Mailing Ad		111,				
	Contact Person:			Teleph	one:		
		vaste should go to a per	rmitted sanitary la	andfill.	-		
XV.		SITE FOR DEMO			r than achaetas	2).	
AV.			JEITTON DE	DKIS (Oule	i tilali asuestos	5).	
	Name: TMC	^	1 a Didas	01	Collino II	1 2001	
	Physical Locatio	on: SUU Bilming Idress: Same Tim May	nam Klage	Ka -	Sattillo, M	5 388100	
	Full Mailing Ad	dress: same			1100	200101	
	Contact Person:	lim May		Telep	none: 662-8		
	* All demoliti	ion debris (other than	asbestos) should	go to an author	ized Rubbish Site	e, or to a permitte	d sanitary landfill.
XVI.	REMOVAL	DEMOLITION I	PROCEDURI	ES TO BE U	SED (Check	all that apply):
	Strip & Rei	moval Doub	ole Bagging	Mechanic	al Chipping (Component Rem	oval
	Wrecking I		s Demolition		ntact	X Bulldoz	
	Containmen		e Bag	Explode		Negativ	
	Wet Metho		ing Saw		plain Below:		2 7 4 11
	wet Metho		ing Saw _	Oulei - Ez	piani Below.		
XVII.	DESCRIPTI	ON OF PLANNE	ED DEMOLIT	TION OR R	ENOVATION	N WORK:	
	PYCANA	to + bulldozo	or - Knock	down	load +1	aul	
		U CONTROLE	4	To The Later of	, , , , , , , ,		
						1.	
	l i i	e notified of any signif		Y) ves () no			
VIV					CACENCY I	DENTIEV T	HE ACENCY DELOW.
AIA.				ant d		DENTIFY	HE AGENCY BELOW:
				Tit	e:		
	Authority:						
	Date of Order:		J	Date Demolitic	n 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 asbesto	s-containing mater	rial is present, a	an individua	trained in the	provisions of t	the regulation (40 CFR 61
							uired training has been
		by this person will					
	accompnished	of this person will	De available 10	n mapeetion	daring norma	Lusiness nour	
			-8				
	I certify that a	all of the above info	ormation is cor	rect.			
				1.	11		
	Andu Hord	laes President	+	Merdy 1	two		3/20/18
	Type of Print No	lges President ame and Title		Signature	/		Date
	Type of I till INC	mile and Thie		o.Simiai c			200
	MAIL TO:	Office of Pollution	Control				
	MAIL IO.	101 West Capitol S		OR	P.O. Box 1038	25	
		Jackson, MS 39201			Jackson, MS.		
		Jackson, IVIS 37201	£		Jackson, IVIS.	37207-0303	

(601) 961-5171