

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Revised: 2/00

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

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

III. SITE INFORMATION: Name: Melvin Snuggs
Description: single story family dwelling
Address: 141 Canal Street
City: Tupelo County: Lee State: MS Zip: 38801
Contact Person: Tommy Snuggs Telephone: 662-891-1186

IV. OWNER INFORMATION: Name: Melvin Snuggs
Full Mailing Address: 1280 CR 811 Saffillo MS 38806
Contact Person: Tommy Snuggs Telephone: 662-891-1186

V. ASBESTOS REMOVAL CONTRACTOR: Name: EAC Environmental
Certification No.: ABC 00005192 Exp. Date: _____
Full Mailing Address: 4546 Cal Steens Road 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 Saffillo MS 38806
Contact Person: Andy Hodges Telephone: 662-321-1179

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 3/17/18 Removal Project Stop: 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

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 1100 Bldg. Size (LN FT): 103.38H
No. of Floors: 1 Age in Years: 60
Present Use: Vacant Prior Use: Single family rental

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? (X) yes () no
Inspection Date: 2/27/18 Asbestos Present? (X) yes () no
Inspector: Howard Outlaw Cert. No.: ABI 00008793 Exp. Date: _____
Identify suspect materials sampled: grey siding / shingles / sheetrock
Laboratory Analysis: TEM PLM X Other _____
Name of Laboratory: RJLee Group

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface Area (SQ FT) 700
Volume of Facility Components (CU FT) 13

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 811 Saffillo MS 38806
Contact Person: Andy Hodges Telephone: 662-321-1179

RECEIVED
APR - 4 2018
Dept. of Environmental Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Three Rivers Landfill

Physical Location: 1904 Hwy 76 W Pontotoc, MS 38863
 Full Mailing Address: same
 Contact Person: Amanda Satterfield Telephone: 662-8488-0444

* 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 Safford 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 Hug
 Signature

3/20/18
 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

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Address: 137 Canal Street
City: Tupelo County: Lee State: MS Zip: 38801
Contact Person: Tommy Scruggs Telephone: 662-891-1186

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V. ASBESTOS REMOVAL CONTRACTOR: Name: _____
Certification No.: _____ Exp. Date: _____
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Contact Person: _____ Telephone: _____

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Full Mailing Address: 1281 CR 811 Saffillo MS 38866
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Removal Project Start: 3/1/18 Removal Project Stop: 3/1/18

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Project Start: 3/26/18 Project Stop: 3/27/18 Prep. Date: 3/26/18

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 1100 Bldg. Size (LN FT): 103.38 LF
No. of Floors: 1 Age in Years: 65
Present Use: vacant Prior Use: single family rental

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? (X) yes () no
Inspection Date: 2/27/18 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: _____

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STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: _____

Physical Location: _____

Full Mailing Address: _____

Contact Person: _____

Telephone: _____

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Name: TMCO

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Andy Hodges President
Type or Print Name and Title

Andy Hodges
Signature

3/20/18
Date

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Jackson, MS 39201
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