

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

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

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

III. SITE INFORMATION: Name 2112 N. 3rd Avenue
Description: Dilapidated Residence
Address: 2112 N. 3rd Avenue
City: Laurel County: Jones State: MS ZIP: 39440
Contact Person: Eric Scrimshire Telephone: 601-428-6438 EXT. 237

IV. OWNER INFORMATION: Name: Dykes Property llc
Full Mailing Address: 184 Davis Hyatt Road Soso, MS 39480
Contact Person: n/a Telephone: _____

V. ASBESTOS REMOVAL CONTRACTOR: Name: Environmental Services LLC
Certification No.: ABC-00001330 Expiration Date: April 2018
Full Mailing Address: 253 Delk Road Hattiesburg, MS 39401
Contact Person: Joe Venus Telephone: (601) 582-2277

VI. CONTRACTOR (Other): Name: City of Laurel Public Works Division
Full Mailing Address: P.O. Box 647 Laurel, MS 39441
Contact Person: Lorenzo Anderson Telephone: (601) 428-6455

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 03 / 19 / 2018 Removal Project Stop: 03 / 23 / 2018

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 05 / 07 / 2018 Project Stop: 05 / 11 / 2018 Prep. Date: 05 / 07 / 2018

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 1144 Bldg. Size (LNFT): _____
No. of Floors: One Age in Years: 50Plus
Present Use: None Prior Use: Residence

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: Yes No
Inspection Date: 2 / 5 / 2018 Asbestos Present? Yes No
Inspector: Harold Russell Cert. No.: ABI00005104 Expiration Date: 6-3-2018
Identify suspect materials sampled: ceiling tile, floor tile, shingles, felt, formica
Laboratory Analysis: TEM PLM xxx Other _____
Name of Laboratory: Environmental Hazard Services LLC, Richmond, VA

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) N/A Surface Area (SQ FT) 500 SQ. FT.
Volume of Facility Components (CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED:
Category I: _____ Category II: _____

XIII. WASTE TRANSPORTER: Name: City Of Laurel Public Works
Full Mailing Address: P.O. Box 647 Laurel, MS 39441
Contact Person: Lorenzo Anderson Telephone: (601) 428-6455

RECEIVED
APR 20 2018
Dept. of Environmental Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Pine Belt Landfill
 Physical Location: HWY 29 South Ovett, MS 39464
 Full Mailing Address: P.O. Box 389 Petal, MS 39465
 Contact Person: Jaes Harrison Telephone: (601) 545-6676
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: Randy Danny
 Physical Location: 164 Ira G. Odom Road Ellisville MS 39437
 Full Mailing Address: P. O Box 134 Ellisville, MS 39437
 Contact Person: Danny Pitts Telephone: (601) 477-3999
 *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 type="checkbox"/> Double Bagging | <input type="checkbox"/> Mechanical Chipping | <input type="checkbox"/> Component Removal |
| <input type="checkbox"/> Wrecking Ball | <input checked="" type="checkbox"/> Gross Demolition | <input type="checkbox"/> Remove Intact | <input 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:
Gross demolition of residence.

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 Demolition, Test Suspect Material, Notify M.D.E.Q. of reschedule requirement.

 *Will MDEQ be notified of any significant changes? Yes No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: City of Laurel Title: Municipality
 Authority: City Council
 Date of Order: Nov. 07, 2017 Date Demolition to Begin: 05 / 07 / 2018

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:

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.

 Eric Scrimshire Building Inspector

Eric Scrimshire 19 / APRIL / 2018
 Signature Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
 P.O. Box 2261 Jackson, MS 39225
 Jackson, MS 39225
 (601) 961-5171