

73648

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
MAY -7 2018
Dept. of Environmental Quality

I. TYPE OF NOTICE: [X] Original [] Revision [] Canceled [] Annual [] Info. Only
II. TYPE OF PROJECT: [] Renovation [] Demolition [X] Ordered Demolition [] Emergency Renovation
III. SITE INFORMATION: Name 108 W 13th Street Description: Dilapidated Commercial Structure Address: 108 W 13th Street City: Laurel County: Jones State: MS ZIP: 39440 Contact Person: Eric Scrimshire Telephone: 601-428-6438
IV. OWNER INFORMATION: Name: Freddie Dykes Full Mailing Address: 601-428-6438 Contact Person: Freddy Dykes Telephone: 601-319-9437
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: 5 / 14 / 18 Removal Project Stop: 5 / 18 / 18
VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start: 05 / 21 / 2018 Project Stop: 05 / 25 / 2018 Prep. Date: 05 / 21 / 2018
IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 2,376.5 Bldg. Size (LNFT): 97 ft. long 24.5 ft. wide No. of Floors: One Age in Years: 50Plus Present Use: None Prior Use: Commercial
X. ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos: [X] Yes [] No Inspection Date: 2 / 5 / 2018 Asbestos Present? [X] Yes [] No Inspector: Harold Russell Cert. No.: AB100005104 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) Surface Area (SQ FT) see Joe Venus report Volume of Facility Components(CU FT) see Joe Venus report
XII. QUANTITY OF NONFRIABLE ASBESTOS [] NOT REMOVED [X] 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

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: James 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):
 Strip & Removal Double Bagging Mechanical Chipping Component Removal
 Wrecking Ball Gross Demolition Remove Intact Bulldozer
 Containment Glove Bag Explode Negative Air
 Wet Method Roofing Saw Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Gross demolition of commercial structure.
Asbestos removal dates were previously sent in by Mr. Joe Venus's report. Our asbestos report dates are taken from his personal phone message.

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 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: _____ Date Demolition to Begin: 05 / 21 / 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:
n/a

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
Type or Print Name & Title


Signature

5-3-2018
Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
 P.O. Box 2261 Jackson, MS 39201
 Jackson, MS 39225
 (601) 961-5171