

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 N/A
Description: One Story Wood Frame
Address: 1014 5th Avenue North
City: Columbus County: Lowndes State: Mississippi ZIP: 39701
Contact Person: Mike Chandler Telephone: 1-662-329-5121 extension 4109

IV. **OWNER INFORMATION:** Name: Martha Stewart
Full Mailing Address: 3606 W. Oldfield St. Lancaster, CA 93536
Contact Person: Tomarris Jones Telephone: 1-662-245-5070

V. **ASBESTOS REMOVAL CONTRACTOR:** Name: Edward Clay
Certification No.: ABC-00005192 Expiration Date: 1/18/2019
Full Mailing Address: EAC Environmental 4546 Caledonia-Steens Rd. Caledonia, MS 39740
Contact Person: Edward Clay Telephone: 1-662-386-6386

VI. **CONTRACTOR (Other):** Name: Columbus Fire and Rescue
Full Mailing Address: 205 7th Street South Columbus, Mississippi 39701
Contact Person: Mike Chandler Telephone: 1-662-329-5121 extension 4109

VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**
Removal Project Start: 04 / 01 / 2018 Removal Project Stop: 04 / 15 / 2018

VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**
Project Start: 05 / 30 / 2018 Project Stop: 05 / 30 / 2018 Prep. Date: 05 / 01 / 2018

IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 2240 Bldg. Size (LNFT): 40 X 56
No. of Floors: one Age in Years: 146
Present Use: abandoned Prior Use: multi-family residential

X. **ASBESTOS INSPECTION:**
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No
Inspection Date: 9 / 6 / 17 Asbestos Present? ☒ Yes ☐ No
Inspector: Edward Clay Cert. No.: ABI-00006706 Expiration Date: 7/20/2018
Identify suspect materials sampled: white transite, linoleum, shingles, white sealants, ceiling texture, fiberboard, leveling plaster, wall surfacing
Laboratory Analysis: TEM PLM X Other
Name of Laboratory: CA Labs

XI. **QUANTITY OF RACM TO BE REMOVED:**
Pipes (LN FT) N/A Surface Area (SQ FT) _____
Volume of Facility Components(CU FT) 30 square yards

XII. **QUANTITY OF NONFRIABLE ASBESTOS** ☐ NOT REMOVED ☐ TO BE REMOVED:
Category I: _____ Category II: CAT II NF

XIII. **WASTE TRANSPORTER:** Name: EAC Environmental
Full Mailing Address: 4546 Caledonia-Steens Rd. Caledonia, MS 39740
Contact Person: Edward Clay Telephone: 1-662-386-6386

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: RO BO Landfil
 Physical Location: 6447 Wahalak Road Scooba, MS 39358
 Full Mailing Address: - SAME -
 Contact Person: Roland Edmonds, Manager Telephone: 1-662-793-4795 office 1-662-361-0300 cell
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: Columbus / Lowndes Landfill
 Physical Location: Armstrong Road
 Full Mailing Address: PO Box 221 Columbus, MS. 39703
 Contact Person: N/A Telephone: N/A
 *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 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 checked="" type="checkbox"/> Other - Explain Below: | |

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
- Demolition by Fire During Live Burn Training -

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
- Notify Building Inspection Department -

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

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: N/A Title: _____
 Authority: _____
 Date of Order: _____ Date Demolition to Begin: ____/____/____

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.

Mike Chandler Chief of Training

Type or Print Name & Title

Mike /hmk 5/7/18
 Signature Date

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

Physical Address 515 Amite Street
 Jackson, MS 39201