STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

74554

Incomplete notices will not meet notification requirements.

Revised: 3/08

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

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

III. SITE INFORMATION: Name: Pinewood Proposed New Jail Site
Description: Old Motel
Address: Old HWY 80
City: Vicksburg County: Warren State: Ms Zip: 39180
Contact Person: Tonya Vinson Telephone: 601 638 2642

IV. OWNER INFORMATION: Name: Warren Co
Full Mailing Address: 913 JACKSON ST, VICKSBURG, MS 39180
Contact Person: TONYA VINSON Telephone:

V. ASBESTOS REMOVAL CONTRACTOR: Name: Aaron Lee
Certification No.: ABC0000 2924 Exp. Date: 12/1/18
Full Mailing Address: P.O. Box 88 - Edwards, Ms 39066
Contact Person: Aaron Lee Telephone: 601) 383 - 3237

VI. CONTRACTOR (Other): Name: N/A
Full Mailing Address:
Contact Person: Telephone:

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 11 / 4 / 18 Removal Project Stop: 12 / 4 / 18

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 11 / 5 / 18 Project Stop: 12 / 5 / 18 Prep. Date: 11 / 4 / 18

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 21,000 SF Bldg. Size (LN FT):
No. of Floors Age in Years: 70 plus
Present Use: Vacant Prior Use: motel

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? (✓) yes ( ) no
Inspection Date: 8 / 13 / 18 Asbestos Present? (✓) yes ( ) no
Inspector: Don S. Miller Cert. No.: ABI0000 2373 Exp. Date:
Identify suspect materials sampled: Roofing and Floor Tile
Laboratory Analysis: TEM PLM Other
Name of Laboratory: DSM Enviromental Services

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OCT 23 2018
Dept. of Environmental Quality

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) Surface Area (SQ FT) 21,000 SF
Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED 0 TO BE REMOVED:
Category I: / Category II: 21,000 SF /

XIII. WASTE TRANSPORTER: Name: Aaron Lee
Full Mailing Address: P.O. Box 88 - Edwards, Ms 39066
Contact Person: Aaron Lee Telephone: 601) 383 - 3237

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. **WASTE ASBESTOS DISPOSAL SITE:** Name: Little Dixie Landfill
Physical Location: 1710 County Line Rd.
Full Mailing Address: Same
Contact Person: _____ Telephone: 601) 982-9488
* All asbestos waste should go to a permitted sanitary landfill.

XV. **DISPOSAL SITE FOR DEMOLITION DEBRIS** (Other than asbestos):
Name: N/A
Physical Location: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____
* 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):**

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

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Construct a Jail

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 and call DEQ

*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:

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.

Aaron Lee	Aaron Lee	02-24-18
Type or Print Name and Title	Signature	Date

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

Physical address: Office of Pollution Control
515 Amite Street
Jackson, MS 39201