

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Revised: 3/08

74910

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: Vintage Apartments Description: Apartments Address: 6211 Houston Avenue City: Jackson County: Hinds State: Ms Zip: 39209 Contact Person: Marcela Hodge Telephone:

IV. OWNER INFORMATION: Name: Full Mailing Address: Contact Person: Telephone:

V. ASBESTOS REMOVAL CONTRACTOR: Name: Aaron Lee Certification No.: ABC00002924 Exp. Date: November 16, 2019 Full Mailing Address: P.O. Box 88, Edwards, Ms, 39066 Contact Person: Aaron Lee Telephone: 601.383-3237

VI. CONTRACTOR (Other): Name: Daniel Bowens Full Mailing Address: 488 Queen Theresa Ln, Jackson, Ms, 39209 Contact Person: Daniel Bowens Telephone: 601.594-8982

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Start: 2/2/2019 Removal Project Stop: 2/28/19

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start: 2/8/2019 Project Stop: 5/8/2019 Prep. Date: 2/11/2019

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 16,000 sq. ft. Bldg. Size (LN FT): No. of Floors: 2 Age in Years: 50+ yrs. Present Use: Vacant Prior Use: Apartment

X. ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos? (X) yes () no Inspection Date: 1/9/2019 Asbestos Present? (X) yes () no Inspector: Chris Pearson Cert. No.: ABI-00002033 Exp. Date: 12/6/2019 Identify suspect materials sampled: roofing, shingles, dry wall, floor tile, flashing cement Laboratory Analysis: TEM PLM Other Name of Laboratory: EM Lab P&H

RECEIVED

XI. QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) Surface Area (SQ FT) 8,900 sq. ft. Volume of Facility Components (CU FT)

FEB 06 2019

Dept. of Environmental Quality

XII. QUANTITY OF NONFRIABLE ASBESTOS - NOT REMOVED TO BE REMOVED: Category I: 8,900 sq. ft. Category II: /

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

IV. WASTE ASBESTOS DISPOSAL SITE: Name: Little Dixie Landfill
Physical Location: 1716 North County Line Rd.
Full Mailing Address: 1716 North County Line Rd., Ridgeland, MS
Contact Person: _____ Telephone: 601-982-9488
* All asbestos waste should go to a permitted sanitary landfill.

V. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: Little Dixie Landfill
Physical Location: 1716 North County Line Rd.
Full Mailing Address: 1716 North County Line Rd., Ridgeland, MS
Contact Person: _____ Telephone: 601-982-9488
* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

VI. REMOVAL/DEMOLITION 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: _____

VII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
To Make Parking Area

VIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, 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: _____ Title: _____
Authority: NIA
Date of Order: _____ Date Demolition to Begin: / /

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: / / , Time: :
Description of the sudden, unexpected event:
NIA
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
Type or Print Name and Title

Aaron Lee
Signature

2/16/2019
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