

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

RECEIVED
FEB - 6 2017
Dept. of Environmental Quality

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

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

III. SITE INFORMATION: Name: Soule Chapel Church
 Description: abandoned church
 Address: Soule Chapel Road
 City: Lauderdale County: Lauderdale State: MS ZIP: 39335
 Contact Person: Tom Johnson Telephone: _____

IV. OWNER INFORMATION: Name: Tam Johnson
 Full Mailing Address: 10421 Rabbit Road Lauderdale MS 39335
 Contact Person: Tam Johnson Telephone: 601-479-2103

V. ASBESTOS REMOVAL CONTRACTOR: Name: Shumate Construction
 Certification No.: _____ Expiration Date: _____
 Full Mailing Address: 20-22nd Avenue south P.O. Box 4279 Meridian, MS 39304
 Contact Person: Billy Shumate Telephone: 601-934-9337

VI. CONTRACTOR (Other): Name: Billy Shumate Const.
 Full Mailing Address: P.O. Box 4279, Meridian, MS, 39304
 Contact Person: Billy Shumate Telephone: 601-693-3209

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
 Removal Project Start: 2/16/17 Removal Project Stop: 2/20/17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
 Project Start: 2/20/17 Project Stop: 2/26/17 Prep. Date: / /

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): _____ Bldg. Size (LNFT): _____
 No. of Floors: 1 Age in Years: 100+
 Present Use: Vacant Prior Use: Church

X. ASBESTOS INSPECTION:
 Was site inspected to determine presence of asbestos: Yes No
 Inspection Date: 1/12/17 Asbestos Present? Yes No
 Inspector: Jack Massey Cert. No.: AB1-00003785 Expiration Date: 5-16-17
 Identify suspect materials sampled: roofing, siding, drywall, floor tile, sheet vinyl
 Laboratory Analysis: TEM _____ PLM _____ Other _____
 Name of Laboratory: CEI Labs Cary, NC

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

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED:
 Category I: _____ Category II: 4000 sq. Transite Siding

XIII. WASTE TRANSPORTER: Name: Billy Shumate Const.
 Full Mailing Address: P.O. Box 4279, Meridian, MS, 39304
 Contact Person: Billy Shumate Telephone: 601-934-9337

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Pine Ridge Landfill
 Physical Location: 520 Murphy Rd. Meridian, MS
 Full Mailing Address: 520 Murphy Rd. Meridian, MS, 39301
 Contact Person: Penny Holliman Telephone: 601-483-0715
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: Boseman Hill Landfill, Waste Pro
 Physical Location: BAR Hill Rd. Pine Springs Ms.
 Full Mailing Address: 200 Braxton, Ave., Meridian, MS, 39301
 Contact Person: Anna Telephone: 601-483-9777
 *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:
total Demolition of Structures

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
AS Per D.E.Q Requirements
 *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: _____
 Date of Order: _____ Date Demolition to Begin: ____/____/____

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ____/____/____, Time: _____
 Description of the sudden, unexpected event:

 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.
Billy Shamate - Contractor Billy Shamate 2-2-17
 Type or Print Name & Title Signature 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