

RECEIVED
FEB 26 2018
Dept. of Environmental Quality

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #		Postmark		Date Received (MDEQ use only)		Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) - O -							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) - R -							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Old Laundry Building							
Bldg. Name: Old - Laundry Building - East Ms. State Hosp.							
Address: 1818 College Drive							
City: Meridian		State: MS.		Zip: 39301			
Site Location: same				Tel: 601-693-3207			
Building Size: 4500 sq. ft.		# of Floors: 1		Age in Years: 60			
Present Use: Storage / Vacant		Prior Use: Laundry Building					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: East Ms. State Hosp.							
Address: 1818 College Drive							
City: Meridian		State: MS.		Zip: 39301			
Contact: Britt Cleveland				Tel: 601-513-6450			
REMOVAL CONTRACTOR Billy Shumate Const.							
Address: P.O. Box 4279							
City: Meridian		State: MS.		Zip: 39304			
Contact: Billy Shumate				Tel: 601-693-3207			
OTHER OPERATOR: Norman Roofing Co.							
Address: 2512 - A - Street.							
City: Meridian		State: MS.		Zip: 39301			
Contact: Britt Cleveland							
V. IS ASBESTOS PRESENT? (Yes/No) Yes							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PLM - Scott Comish March 12 th 2017							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> RACM To Be Removed </div>		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed				Category I	Category II	UNIT	
Pipes		4500sq. ft.		Ln Ft:	Ln M:		
Surface Area		Roofing Felt		Sq Ft:	Sq M:		
Vol RACM Off Facility Component				Cu Ft:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-8-18				Complete: 3-30-18			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-9-18				Complete: 5-10-18			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Reroofing of Built up Roof of Structure

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Wet Method

XII. WASTE TRANSPORTER #1

Name: Billy Shumate Const.

Address: P.O. Box 4279

City: Meridian

State: MS.

Zip: 39304

Contact Person: Billy Shumate

Tel: 601-693-3207

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill

Address: 520 Murphy Rd.

City: Meridian

State: MS.

Zip: 39301

Tel: 601-483-0715

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

As Per D.E.Q. Requirements

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE 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.

Billy Shumate

Type or Print Name

Billy Shumate

(Signature of Owner/Operator)

2-22-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)