

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) | | | | Original | | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) | | | | Demo | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number) | | | | | | | |
| Bldg. Name: Old Car Wash | | | | | | | |
| Address: 1827 - 6th St. | | | | | | | |
| City: Meridian, MS. | | State: MS. | | Zip: 39301 | | | |
| Site Location: 1827 - 6th St. | | | | Tel: | | | |
| Building Size: 1000 s.ft. | | # of Floors: 1 | | Age in Years: 65 | | | |
| Present Use: VACANT | | Prior Use: Car Wash | | | | | |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | | | | | |
| OWNER NAME: Sadka Reality LLC | | | | | | | |
| Address: | | | | | | | |
| City: Meridian | | State: MS. | | Zip: 39301 | | | |
| Contact: Alex Smith | | | | Tel: 601-934-9337 | | | |
| 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: | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | Zip: | | | |
| Contact: | | | | | | | |
| 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): | | | | | | | |
| Paul Anderson - 3-10-18 PL.M. | | | | | | | |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: | | | | 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 | | RACM To Be Removed Windows | | Category I To Be Removed | | Category II UNIT | |
| Pipes | | | | Removed | | Ln Ft: Ln M: | |
| Surface Area | | | | | | Sq Ft: Sq M: | |
| Vol RACM Off Facility Component | | | | | | Cu Ft: Cu M: | |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4-25-18 | | | | Complete: 4-25-18 | | | |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-25-18 | | | | Complete: 4-30-18 | | | |

RECEIVED

DEQ OPC

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

Total Demolition of Bld.

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

Remove Metal Windows Intact.

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: Waste Management Rine 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)

4-11-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Billy Shumate

Type or Print Name

Billy Shumate

(Signature of Owner/Operator)

4-11-18

(Date)