73936

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) Demo

RECEIVED JUL - 2 2018 Dept. of Environmental Quality

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name:

Address 301 & 303 Shumate Street

City: Cleveland	State: MS	Zip: 38732
Site Location: 301 & 303 Shumate St		Tel:
Building Size 800 sq ft	# of Floors: 1	Age in Years: 50+
Present Use: Vacant	Prior Use: Residence	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Wilkerson

Address: 3742 Hy 82 West

City: Greenville	State: MS	Zip: 38701
Contact: Wilkerson		Tel: 662 334-7716

REMOVAL CONTRACTOR Lesure's Demolition

Address: 547 East Ollen Street

City: Greenville	State: MS	Zip: 38701
Contact: Charles Lesure		Tel:

OTHER OPERATOR:

Address:

City:	State:	Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No)

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

20 x 18 asbestos siding (720 sq ft) chrysotile treated as asbestos

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/06/2018 Complete: 07/06/2018

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/07/2018 Complete: 07/07/2018

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

Wet method, double bagging, remove intact

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

Wet asbestos and remove

XII. WASTE TRANSPORTER #1

Name: Lesure's Demolition

Address: 547 East OHEP Street

City: Greenville | State: MS | Zip: 38701

Contact Person: Charles Lesure | Tel: 662-820-9595

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI Big River Landfill

Address: Hy 82 E. Landfill Road

City: Leland | State: MS | Zip: 38756

Tel: 662 332-7927

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work and contact EPA-DEQ

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.

Charles Lesure — Type or Print Name | Charles Lesure — (Signature of Owner/Operator) | 6/20/18 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles Lesure — Type or Print Name | Charles Lesure — (Signature of Owner/Operator) | 6/20/18 — (Date)