74350

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) - R -

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: Shop Building

Address: 1306 - 25th Ave.

City: Meridian | State: MS. | Zip: 39301

Site Location: Same | Tel:

Building Size 1200 s.f. | # of Floors: 1 | Age in Years: 35

Present Use: VACANT | Prior Use: Ken's Shop bld.

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

OWNER NAME: Perry Goodman

Address: 1306 - 25th Ave

City: Meridian | State: Ms. | Zip: 39301

Contact: Jackie Avant | Tel: 601-479-5426

REMOVAL CONTRACTOR Billy Shumate Const.

Address: P.O. Box 4279

City: Meridian | State: Ms. | Zip: 39304

Contact: Billy Shumate | Tel: 601-934-9337

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 - PLM 9-14-18

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: Category I	Category II	Indicate Unit of Measurement Below: UNIT	
Pipes	36sf	Floor Tile - Bath Room		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: 10-4-18 Complete: 10-4-18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-5-18 Complete: 10-9-18

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

Total Demolition 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 - Double Bagging

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 Pine Ridge Land Fill

Name: Waste Management

Address: 520 Murphy Rd.

City: Md. 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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)

9-19-18 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Billy Shumate — Type or Print Name

Billy Shumate — (Signature of Owner/Operator)

9-19-18 — (Date)