# 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) - D -

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

Bldg. Name: ABANDONED HOUSE

Address 112 WEST GERTRUDE AVE.

| City: DREW | State: MS | Zip: |
|---|---|---|
| Site Location: 112 WEST GERTRUDE AVE. | | Tel: |
| Building Size 1100 SQ.FT. | # of Floors: 1 | Age in Years: 80 |
| Present Use: VACANT | Prior Use: RESIDENTIAL | |

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

OWNER NAME: CITY OF DREW

Address: 130 W. SHAW AVE.

| City: DREW | State: MS | Zip: 38737 |
|---|---|---|
| Contact: | | Tel: 662-745-8556 |

REMOVAL CONTRACTOR BILLY SHUMATE CONSTRCTIN

Address: P.O. BOX 4279

| City: MERIDIAN | State: MS | Zip: 39304 |
|---|---|---|
| Contact: BILLY SHUMATE | | Tel: 601-934-9337 |

OTHER OPERATOR: CAIN INC.

Address:

| City: KOSCIUSKO | State: MS | Zip: |
|---|---|---|

Contact: BRIAN CAIN

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):

SETH COBB SEPT. 30 2019 PLM

| 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 | 1000 S.F. | TRANSITE | | LnFt: | Ln M: |
| Surface Area | | SIDING | | SqFt: | Sq M: |
| Vol RACM Off Facility Component | | | | CuFt: | Cu M: |

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1-29-20 Complete: 1-31-20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2-5-20 Complete: 2-10-20

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JAN 16 2020

Dept. of Environmental Quality

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

DEMOLITION OF HOUSE WITH EXCAVATOR

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: 601-934-9337

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: WASTE MANAGEMENT, PINERIDGE 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 ASTESTOS 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 CONST. Billy Shumate 1-15-20

Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONT. Billy Shumate 1-15-20

Type or Print Name (Signature of Owner/Operator) (Date)