

# 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) <b>-O-</b>									
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>-D-</b>									
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)									
Bldg. Name: <b>SUGAR SHAK BUILDING</b>									
Address <b>117 8th AVE.</b>									
City: <b>MERIDIAN</b>	State: <b>MS</b>	Zip: <b>39301</b>							
Site Location: <b>117 8th AVE.</b>			Tel:						
Building Size <b>1250 S.F.</b>	# of Floors: <b>1</b>	Age in Years: <b>70</b>							
Present Use: <b>VACANT</b>	Prior Use: <b>BAR</b>								
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)									
OWNER NAME: <b>HSC MERIDIAN 8, LLC.</b>									
Address:									
City: <b>MERIDIAN</b>	State: <b>MS</b>	Zip: <b>39301</b>							
Contact:			Tel:						
REMOVAL CONTRACTOR <b>BILLY SHUMATE CONST.</b>									
Address: <b>P.O. BOX 4279</b>									
City: <b>MERIDIAN</b>	State: <b>MS.</b>	Zip: <b>39304</b>							
Contact: <b>BILLY SHUMATE</b>			Tel: <b>601-934-9337</b>						
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):									
<b>EDWARD CLAY SPET. 29TH 2020 PLM</b>									
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below					
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RACM To Be Removed</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Category I</td> <td style="text-align: center;">Category II</td> </tr> </table>		RACM To Be Removed		Category I	Category II	UNIT	
				RACM To Be Removed					
Category I	Category II								
Pipes		Ln Ft:	Ln M:						
Surface Area		CEILING	Sq Ft:	Sq M:					
Vol RACM Off Facility Component		TEXTURE	Cu Ft:	Cu M:					
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>2-17-21</b>			Complete: <b>2-18-21</b>						
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:						

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

**TOTAL DEMOLITION OF STRUCTURE, 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, NEG AIR

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, PINE RIDGE**

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 MDEQ REQUIE**

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.**  
Type or Print Name

*Billy Shumate*  
(Signature of Owner/Operator)

**2-3-21**  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

**BILLY SHUMATE**  
Type or Print Name

*Billy Shumate*  
(Signature of Owner/Operator)

**2-3-21**  
(Date)