

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) 2.10.2022	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: OLD STEEL PLANT OFFICE BLD									
Address 533 65th AVE.									
City: MERIDIAN	State: MS	Zip: 39307							
Site Location:		Tel:							
Building Size 1000 S.F.	# of Floors: 1	Age in Years: 55							
Present Use: VACANT	Prior Use: YARD OFFICE								
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)									
OWNER NAME: SLAY STEEL INC.									
Address: 6215 5th STREET									
City: MERIDIAN	State: MS	Zip: 39307							
Contact: MR. RONNIE SLAY	Tel: 601-483-3911								
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 , 1-12-22									
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below					
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<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								
500 S.F.		FLOOR TILE & MASTIC							
Pipes		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: 2-21-22		Complete: 2-25-22							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2-27-22		Complete: 3-5-22							

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

DEMOLITION OF HALF OF OFFICE BUILDING

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 CONSTRUCTION**

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: **PINERIDGE LANDFILL , WASTE MANAGEMENT**

Address: **520 MURPHY ROAD**

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

AS PER MDEQ 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
(Signature of Owner/Operator)

2-7-22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Billy Shumate
(Signature of Owner/Operator)

2-7-22

(Date)