

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark <b>3/9/22</b>	Date Received (MDEQ use only) <b>3/10/22</b>	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>VACANT 3 STORY BUILDING , OLD ARMOUR MEAT PACKING BLD.</b>													
Address <b>2319 FRONT STREET</b>													
City: <b>MERIDIAN</b>	State: <b>MS</b>	Zip: <b>39301</b>											
Site Location: <b>2319 FRONT STREET</b>		Tel: <b>662-401-8812</b>											
Building Size	# of Floors: <b>3</b>	Age in Years: <b>100</b>											
Present Use: <b>VACANT</b>	Prior Use: <b>MEAT PACKING COMPANY</b>												
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)													
OWNER NAME: <b>TIM HESTER</b>													
Address: <b>2405 POPLAR SPRINGS DR.</b>													
City: <b>MERIDIAN</b>	State: <b>MS</b>	Zip: <b>39301</b>											
Contact: <b>TIM HESTER</b>		Tel: <b>662-401-8812</b>											
REMOVAL CONTRACTOR													
Address:													
City:	State:	Zip:											
Contact:		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):													
<b>PAUL ANDERSON , PLM , SEPT. 21 , 2021</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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Pipes</td> <td style="width: 50%;">REMOVAL OF DEMO DEBRIS WITH ROOFING</td> <td style="width: 25%;">Ln Ft:</td> <td style="width: 25%;">Ln M:</td> </tr> <tr> <td>Surface Area</td> <td>FLASHING A.C.M.</td> <td>Sq Ft:</td> <td>Sq M:</td> </tr> <tr> <td>Vol RACM Off Facility Component</td> <td></td> <td>Cu Ft:</td> <td>Cu M:</td> </tr> </table>		Pipes	REMOVAL OF DEMO DEBRIS WITH ROOFING	Ln Ft:	Ln M:	Surface Area	FLASHING A.C.M.	Sq Ft:	Sq M:	Vol RACM Off Facility Component		Cu Ft:	Cu M:
Pipes	REMOVAL OF DEMO DEBRIS WITH ROOFING	Ln Ft:	Ln M:										
Surface Area	FLASHING A.C.M.	Sq Ft:	Sq M:										
Vol RACM Off Facility Component		Cu Ft:	Cu M:										
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3-23-22</b> Complete: <b>4-23-22</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:

**EXCAVATOR , LOAD DEBRIS IN LINED DUMPSTERS**

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

**WET METHOD**

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **PINE RIDGE 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:

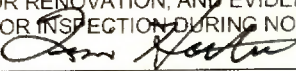
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

**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.

TIM HESTER

Type or Print Name

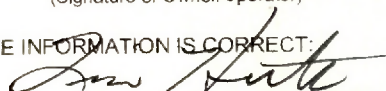
  
(Signature of Owner/Operator)

3/9/22  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

TIM HESTER

Type or Print Name

  
(Signature of Owner/Operator)

3/9/22  
(Date)