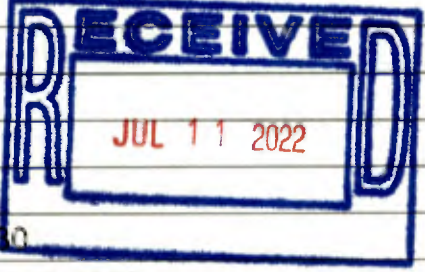


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only): 7/8/2022	Date Received: 7/11/2022	AI Number
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: FIRST BSPTIST CHURCH Address: 400 RIVER ROAD City: ENTERPRISE State: MS Zip: 39310 Site Location: _____ Tel: 601-659-4896 Building Size: _____ # of Floors: _____ Age in Years: 60 Present Use: VACANT Prior Use: CHURCH			
			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: ENTERPRISE MS FIRST BAPTIST CHURCH Address: 400 RIVER ROAD City: ENTERPRISE State: MS Zip: 39330 Contact: _____ Tel: _____			
ASBESTOS REMOVAL CONTRACTOR: BILLY SHUMATE CONSTRUCTION Address: P.O. BOX 4279 City: MERIDIAN State: MS Zip: 39304 Contact: BILLY SHUMATE Tel: 601-934-9337			
Certification Number: ABC - 00001893		Expiration Date: 8-27-22	
OTHER OPERATOR: DAVISON HAULING Address: _____ City: MERIDIAN State: MS Zip: 39301 Contact: MICHAEL MAYERHOFF Tel: 601934-6987			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES			
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 6-10-22	
Inspector: DON COOLEY		Certification Number: _____ Expiration Date: _____	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM ROOFING, FLOOR TILE, TRANSITE, LINOLEUM AND MASTIC, INSULATION			
VII. QUANTITY OF RACM TO BE REMOVED: 750 S.FT. SIDING,, FLOOR TILE			
Pipes (LN FT): _____		Surface Area (SQ FT): _____ Volume of Facility Components (CU FT): _____	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: _____		Category II: _____	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-22-22		Complete: 7-31-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: UNKNOWN		Complete: _____	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
TOTAL DEMOLITON OF STRUCTURE, EXCAVATOR

XII. 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

XIII. 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: DAVISON HAULING

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: WASTE MANAGEMENT, PINERIDGE LANDFILL

Address: 520 MURPHY ROAD

City: MERIDIAN

State: MS

Zip: 39301

Contact Person:

Tel: 601-483-0715

XV. 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):

XVI. 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:

XVII. 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 REQUIREMENTS

XVIII. 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


(Signature of Owner/Operator)

7-8-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Type or Print Name


(Signature of Owner/Operator)

7-8-22

(Date)