

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) <i>7/13/2022</i>	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) -R-									
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)									
Bldg. Name: SALLIS BAPTIST CHURCH FAMILY LIFE BLD.									
Address 2075 ROBERTSON STREET									
City: SALLIS	State: MS	Zip: 39160							
Site Location: 2075 ROBERTSON STREET			Tel:						
Building Size 17,000	# of Floors: 1	Age in Years: 75							
Present Use: CHURCH FAMILY LIFE BLD	Prior Use:								
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)									
OWNER NAME: SALLIS BAPTIST CHURCH									
Address: 100 ALLEN STREET									
City: SALLIS	State: MS	Zip: 39160							
Contact: LUKE EATON	Tel: 601 951-2836								
REMOVAL CONTRACTOR BILLY SHUMATE CONSTRUCTION									
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 , 6-20-22									
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								
15,000 SQ.FT. TRANSITE ROOF									
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: 7-27-22				Complete: 8-3-22					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-3-22				Complete: 8-25-22					

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

REMOVAL OF ROOF BY HAND, FOR REROOFING OF 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: **CAIN CONSTRUCTION**

Address: **720 E JEFFERSON ST.**

City: **KOSCIUSKO**

State: **MS**

Zip: **39090**

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **CLEARVIEW LANDFILL**

Address: **2253 MUDLINE ROAD**

City: **LAKE**

State: **MS**

Zip: **39092**

Tel: **866-909-4458**

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.

Billy Shumate Const
Type or Print Name

Billy Shumate
(Signature of Owner/Operator)

7-12-22
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Billy Shumate Const.
Type or Print Name

Billy Shumate
(Signature of Owner/Operator)

7-12-22
(Date)