



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)	Date Received 3-2-23	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: CHURCH OF THE MEDIATOR, OLD OFFICE HOUSE				
Address: 3831 35th AVE.				
City: MERIDIAN	State: MS	Zip: 39305		
Site Location: 3831 35th AVE , MERIDIAN			Tel:	
Building Size: 1200 S.FT.	# of Floors: 1	Age in Years: 60		
Present Use: VACANT	Prior Use: HOUSE,, CHURCH OFFICE			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: CHURCH OF THE MEDIATOR				
Address: 3825 35th AVE.				
City: MERIDIAN	State: MS	Zip: 39305		
Contact:			Tel: 601-483-3959	
ASBESTOS REMOVAL CONTRACTOR: BILLY SHUMATE CONST.				
Address: P.O. BOX 4279				
City: MERIDIAN	State: MS	Zip: 39304		
Contact: BILLY SHUMATE			Tel: 601-934-9337	
Certification Number: ABC - 00001893		Expiration Date: AUG. 19th 2023		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes		Inspection Date: 1-24-23		
Inspector: DON COOLEY	Certification Number: ABI-00001363	Expiration Date: 1-13-24		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: LINOLEUM, SHEETROCK, CARPET GLUE, FLOOR TILE, PLASTER, ROOFING , WALL TEXTURE, -PLM-				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 165	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II: FLOOR TILE, LINOLEUM		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-14-23		Complete: 3-15-23		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-15-23		Complete: 3-20-23		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
TOTAL DEOMLITION OF STRUCTURE , BY 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:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: PINERIDGE LANDFILL WASTE MANAGEMENT		
Address: 520 MURPHY ROAD		
City: MERIDIAN	State: MS	Zip: 39301
Contact Person: JUSTIN	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 ASTESTOS 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.		2-27-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		
BILLY SHUMATE CONST.		2-27-23
Type or Print Name	(Signature of Owner/Operator)	(Date)