

Rev  
MAP

# 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 <b>3-14-23</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>-R</b>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>-R-</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: <b>FIRST BAPTIST CHURCH , PHILIDELPHIA MS</b>			
Address: <b>414 PECAN AVE.</b>			
City: <b>PHILADELPHIA</b>	State: <b>MS</b>	Zip: <b>39350</b>	
Site Location: <b>414 PECAN AVE.</b>		Tel: <b>601-917-1661</b>	
Building Size: <b>50,000 SQ.FT.</b>	# of Floors: <b>3</b>	Age in Years: <b>65</b>	
Present Use: <b>CHURCH</b>	Prior Use: <b>CHURCH</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: <b>FIRST BAPTIST GHURCH</b>			
Address: <b>414 PECAN AVE,</b>			
City: <b>PHILADELPHIA</b>	State: <b>MS</b>	Zip: <b>39350</b>	
Contact: <b>CALUB</b>	Tel: <b>601-917-1661</b>		
ASBESTOS REMOVAL CONTRACTOR: <b>BILLY SHUMATE CONSTRUCTION</b>			
Address: <b>P.O. BOX 4279</b>			
City: <b>MERIDIAN</b>	State: <b>MS</b>	Zip: <b>39304</b>	
Contact: <b>BILLY SHUMATE</b>	Tel: <b>601-934-9337</b>		
Certification Number: <b>ABC-00001893</b>	Expiration Date: <b>AUG. 19th 2023</b>		
OTHER OPERATOR: <b>YATES CONSTRUCTION</b>			
Address: <b>104 GULLY AVE.</b>			
City: <b>PHILADELPHIA</b>	State: <b>MS</b>	Zip: <b>39350</b>	
Contact:	Tel: <b>601-656-5411</b>		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>yes</b>			
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>		Inspection Date: <b>9-28-22</b>	
Inspector: <b>KIRK GIESSINGER</b>	Certification Number: <b>ABI-00002367</b>	Expiration Date: <b>2-15-23</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>WALLBOARD , CARPET GLUE, DRYWALL FLOOR TILT CEILING PLASTER</b>			
<b>PLM: Analyze   IATL - Lab.</b>			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT): <b>3500</b>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I:	Category II: <b>CEMENTITIOUS WALLBOARD</b>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3-23-23</b>		Complete: <b>3-30-23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>4-1-23</b>		Complete: <b>UNKOWN</b>	

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
REMOVAL OF WALL BOARD INTACT, BY HAND

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**  
WET METHOD, CONTAINMENT, NEG-AIR, 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: **WASTE PRO , KEMPER COUNTY LANDFILL**

Address: **21211 HWY 16 W,**

City: **DEKALB**

State: **MS**

Zip: **39328**

Contact Person:

Tel: **601-743-4310**

**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

*Billy Shumate*  
(Signature of Owner/Operator)

**3-9-23**  
(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT**

**BILLY SHUMATE CONST.**

Type or Print Name

*Billy Shumate*  
(Signature of Owner/Operator)

**3-9-23**  
(Date)