

# 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 3-23-23	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>-D-</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>MOSBY PACKING CO.</b>				
Address: <b>2110 MOSBY ROAD</b>				
City: <b>MERIDIAN</b>		State: <b>MS</b>	Zip: <b>39301</b>	
Site Location: <b>2110 MOSBY RD.</b>			Tel: <b>601-693-3207</b>	
Building Size: <b>18,700 SQ. FT.</b>		# of Floors: <b>1</b>	Age in Years: <b>50</b>	
Present Use: <b>VACANT</b>		Prior Use: <b>MEAT PACKING CO.</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>MR. JOE MOSBY</b>				
Address:				
City: <b>MERIDIAN</b>		State: <b>MS</b>	Zip: <b>39301</b>	
Contact: <b>JOHN MOSBY</b>			Tel: <b>601-513-5151</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>BILLY SHUMATE CONST.</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:			Expiration Date:	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
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>3-14-22</b>	
Inspector: <b>DON COOLEY</b>		Certification Number: <b>ABI-00001363</b>	Expiration Date: <b>1-7-23</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>CEMENT TILES,, CEILING TILES ,, TECTUM DECKING,, ROOFING TAR &amp; FELT,, COOLER AND FREEZER CEMENTITIOUS COATING,, SMOKER SEALANT AND GASKETS</b> <b>-PLM-</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>COOLER CEMENT COATING 900 SQ.FT.GASKET 2740SQ.FT.</b>				
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: <b>3-27-23</b>			Complete: <b>3-31-23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>4-3-23</b>			Complete: <b>UNKNOWN</b>	

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

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:  
DOUBLE BAGGING , WET METHOD

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: PINE RIDGE 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:

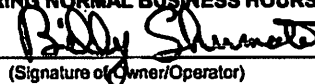
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE 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)

3-11-23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Type or Print Name

  
(Signature of Owner/Operator)

3-11-23

(Date)