

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 9/14/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R <input type="radio"/>				
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: Interstate Merchandise Warehouse Inc.,				
Address: 1601 Front Street,				
City: Meridian		State: MS	Zip: 39301	
Site Location: 1601 Front Street,				Tel:
Building Size: 65,500SF		# of Floors: 1	Age in Years: 126	
Present Use: Vacant		Prior Use: Warehouse		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Michael Mayerhoff				
Address: 4798E Arundel Road				
City: Meridian		State: MS	Zip: 39301	
Contact: Michael Mayerhoff			Tel: (601)934-6987	
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: 08-02-2025	
OTHER OPERATOR: Michael Mayerhoff				
Address: 4798E Arundel Road				
City: Meridian		State: MS	Zip: 39307	
Contact: Michael Mayerhoff			Tel: (601) 934-6987	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 10-30-14	
Inspector: Jack Massey		Certification Number: ABI-00003785	Expiration Date: 05-09-2015 5/30/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Roofing Materials, Parapet Wall Flashing, Floor Tile-Mastic, Drywall, Palster, Brick Mortar, Boiler Insulation, Debris				
-PLM-				
VII. QUANTITY OF RACM TO BE REMOVED: Parapet Walls, - Boiler Insulation				
Pipes (LN FT):		Surface Area (SQ FT): 7,100 SF	Volume of Facility Components (CU FT): 2800 CU FT	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/30/24			Complete: 12/20/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/02/24			Complete: 12/30/24	

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

Total Demolition of Building - 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, Boiler Containment

XIII. WASTE TRANSPORTER #1

Name: Davidson Hauling Inc.

Address: 989 NE Industrial Park Road

City: Meridian

State: MS

Zip: 39301

Contact Person: Michael Mayerhoff

Tel: (601) 934-6987

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Waste Pro-Kemper County

Address: 21211 Hwy 16 East

City: Dekalb

State: MS

Zip: 393328

Contact Person: Pamela Holmes

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

As Per MDEQ Requirments and Regulations

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.

Michael Mayerhoff

Type or Print Name

Michael Mayerhoff

(Signature of Owner/Operator)

9-14-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Michael Mayerhoff

Type or Print Name

Michael Mayerhoff

(Signature of Owner/Operator)

9-14-24

(Date)