

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 5.5.2022	Date Received (MDEQ use only) 5.10.2022	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) -D-					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: VIKING METAL ; CINDERBLOCK WAREHOUSE BUILDING					
Address 219 LEWIS AVE.					
City: PHILADELPHIA	State: MS	Zip: 39350			
Site Location: 219 LEWIS AVE.			Tel:		
Building Size 14000 S.F.	# of Floors: 1	Age in Years: 60			
Present Use: VACANT	Prior Use: WAREHOUSE BUILDING				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: VIKING METAL					
Address: 219 LEWIS AVE.					
City: PHILADELPHIA	State: MS	Zip: 39350			
Contact: MR BARRY CLARK			Tel: 601-416-7222		
REMOVAL CONTRACTOR BILLY SHUMATE CONST.					
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 , 4-12-22					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed					
2. Category I ACM Not Removed					
3. Category II ACM Not Removed					
Pipes	200 Li.Ft.	pipe insulation		Ln Ft:	Ln M:
Surface Area	982 SQ FT..	FLOOR TILE &	MASTIC	Sq Ft:	Sq M:
Vol RACM Off Facility Component	375 SQ.FT.	TRANSITE	SIDING	Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-19-22 Complete: 6-9-22					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: UNKNOWN, WILL REVI. Complete:					

RECEIVED
MAY 10 2022
 Dept. of Environmental Quality

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

DEMOLITION OF WAREHOUSE AREA OF BUILDING

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

GLOVEBAG , WET METHOD , DOUBLE BAGGING, NEG. AIR ,

XII. 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:

XIII. WASTE DISPOSAL SITE

Name: **WASTE MANAGEMENT , PINERIDGE LANDFILL**

Address: **520 MURPHY RD.**

City: **MERIDIAN**

State: **MS**

Zip: **39301**

Tel: **601-483-0715**

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 CRUMBLED, 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)

4-5-22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Type or Print Name

Billy Shumate
(Signature of Owner/Operator)

4-5-22

(Date)