

# 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 10-26-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): -0-				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): -R-				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: THE NEW YORK BLOWER COMPANY				
Address: 931 HERMAN ALFORD MEMORIAL HWY				
City: PHILADELPHIA	State: MS	Zip: 39350		
Site Location: 931 HERMAN ALFORD MEMORIAL HWY		Tel: 601-656-7975		
Building Size: 50,000 S.F.	# of Floors: 1	Age in Years: 48		
Present Use: VACANT	Prior Use: RICHARDSON MOLDING INC.			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: THE NEW YORK BLOWER CO.				
Address: 931 HERMAN ALFORD MEMORIAL HWY				
City: PHILADELPHIA	State: MS	Zip: 39350		
Contact: MR. KENNY HILLMAN	Tel: 601-656-7975			
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:		Expiration Date:		
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: 10-13-22		
Inspector: PAUL ANDERSON	Certification Number: ABI-1686	Expiration Date: 6-24-23		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PIPE INSULATION WRAP ,, PIPE INSULATION ELBOWS ,, TAR FLASHING ,, BLACK COUNTER TOP,, 12x12 FLOOR TILE AND MASTIC, PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 35 , ELBOWS	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: 11-8-22		Complete: 11-10-22		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: UNKNOWN		Complete:		

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

**REMOVAL OF WATER CHILLER PIPES, AND REMOVAL OF OLD STEAM PIPES**

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

**WET METHOD , GLOVE 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 CULPEPPER**

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:

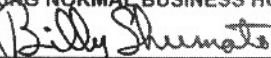
**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

**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)


**10-25-22**

(Date)

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

**BILLY SHUMATE CONST.**

Type or Print Name

  
(Signature of Owner/Operator)

**10-25-22**

(Date)