

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

x Email		11-10-22	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O Revised			
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: LPK ARCHITECTS OFFICE BLD			
Address: 821 22nd AVE			
City: MERIDIAN	State: MS	Zip: 39301	
Site Location: 821 22nd AVE.		Tel: 601-693-9990	
Building Size: 1000	# of Floors: 2	Age in Years: 65	
Present Use: VACANT	Prior Use: OFFICE		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: LPK ARCHITECTS			
Address: 821 22nd AVE.			
City: MERIDIAN	State: MS	Zip: 39301	
Contact:	Tel: 601-693-9990		
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: AUG. 19th 2023		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO			
WAS ASBESTOS PRESENT? (Yes/No): PRESUMED ASBESTOS Inspection Date:			
Inspector: N/A	Certification Number: N/A	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Presumed Asbestos - Floor tile & Mastic			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT): 800	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: FLOOR TILE AND MASTIC, 800 SQ.FT.	Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11-14-22		Complete: 11-15-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: UNKNOWN		Complete:	

Return Email Address to - billyshumate@yahoo.com

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**REMOVAL OF FLOOR TILE AND MASTIC, T BAR REMOVAL****XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:****WET METHOD , 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 SITEName: **PINERIDGE LANDFILL**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)

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**BILLY SHUMATE CONST.**

Type or Print Name

(Signature of Owner/Operator)

(Date)