

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
7/14/2022 EM				
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: OLD ROADWAY TRUCKING BILDING				
Address 6200 M STREET				
City: MERIDIAN		State: MS	Zip: 39307	
Site Location: 6200 M STREET MERIDIAN		Tel:		
Building Size 42,300		# of Floors: 1	Age in Years: 45	
Present Use: VACANT		Prior Use: TRUCKING DOCK & OFFICE		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: 186 REFUELING WING, MS AIR NATIONAL GUARD				
Address: 6225 M STREET				
City: MERIDIAN		State: MS	Zip: 39307	
Contact: KENT JOYNER		Tel: 601-626-8090		
REMOVAL CONTRACTOR BILLY SHUMATE CONSTRUCTIION				
Address: P.O. BOX 4279				
City: MERIDIAN		State: MS	Zip: 39304	
Contact: BILLY SHUMATE		Tel: 601-934-9337		
OTHER OPERATOR: J & J CONSTRUCTION				
Address: 9301 MS 19 ,				
City: COLLINSVILLE		State: MS	Zip: 39325	
Contact: KENT JOYNER				
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 , 3-22-21				
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
Pipes				LnFt: _____
Surface Area	FLOOR TILE	AND MASTIC		SqFt: 6000
Vol RACM Off Facility Component				CuFt: _____
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-28-22				Complete: 10-4-22
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-4-22				Complete: 10-25-22

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

TOTAL DEMOLITION OF METAL BUILDING AND REMOVAL OF CONCRETE TR. DOCK

XI. 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

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: **PINERIDGE LANDFILL, WASTE MANAGEMENT**Address: **520 MURPHY ROAD**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 ASTESTOS 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.

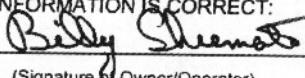
Type or Print Name

(Signature of Owner/Operator)

9-14-22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Type or Print Name

(Signature of Owner/Operator)

9-14-22

(Date)