

6249

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)	
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) - R -							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: OLD NATIONAL WEATHER SERVICE BUILDING							
Address 2807 US HWY 11 SOUTH							
City: MERIDIAN				State: MS		Zip: 39307	
Site Location: 2807 US HWY 11 SOUTH						Tel:	
Building Size 3000 s.f.				# of Floors: 1		Age in Years: 57	
Present Use: VACANT				Prior Use: NATIONAL WEATHER SERVICE			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: MERIDIAN AIRPORT AUTHORITY							
Address: 2811 US HWY 11 SOUTH							
City: MERIDIAN				State: MS		Zip: 39307	
Contact: MR. TOM WILLIAMS						Tel: 601-207-1566	
REMOVAL CONTRACTOR BILLY SHUMATE CONSTRUCTION							
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):							
EDWARD LESNIAK 7-11-19 PLM							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			RACM To Be Removed		Category I Category II UNIT		
Pipes			2600 S.F.		Ln Ft: Ln M:		
Surface Area			FLOOR TILE &		Sq Ft: Sq M:		
Vol RACM Off Facility Component			MASTIC		Cu Ft: Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-28-19				Complete: 11-5-19			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: UNKNOWN				Complete:			

RECEIVED

OCT 15 2019

Dept. of Environmental Quality

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

FLOOR TILE REMOVAL, AND MASTIC REMOVAL

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

WET METHOD, NEGATIVE AIR, DOUBLE BAGGING

XII. WASTE TRANSPORTER #1

Name: BILLY SHUMATE CONST.

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

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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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)

10-14-19

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE

Type or Print Name

(Signature of Owner/Operator)

10-14-19

(Date)