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) - A -

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 MOORE AND MOORE ATTORNEYS BLD.

Address 15 - WALNUT ST.

City: PHILADELPHIA	State: MS	Zip: 39350
Site Location: 15 - WALNUT STREET		Tel:
Building Size 3000 SQ. FT.	# of Floors: 1	Age in Years: 65
Present Use: VACANT	Prior Use: ATTORNEYS AT LAW BUILDING	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: MR. ANDY KING

Address:

City: PHILADELPHIA	State: MS	Zip: 39350
Contact: TOMMY APPERSON		Tel: 601-416-0574

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: APPERSON CONSTRUCTION

Address: 17011 RD. 505

City: PHILADELPHIA	State: MS	Zip: 39350

Contact: TOMMY APPERSON

V. IS ASBESTOS PRESENT? (Yes/No)

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

PRESUMED A.C.M.

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	2800 sq.ft.	floor tile &	mastic	LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-29-20 Complete: 10-30-20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

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

Removal of floor tile under old carpet. wet method , double bagging

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 , NEGATIVE AIR

XII. WASTE TRANSPORTER #1

Name: BILLY SHUMATE CONST.

Address: P.O. BOX 4279

City: MERIDIAN	State: MS	Zip: 39350
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 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

AS PER D.E.Q. 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 COONST. Billy Shumate 10-15-20

Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST. Billy Shumate 10-15-20

Type or Print Name (Signature of Owner/Operator) (Date)