

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-		RECEIVED	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) -D-		JAN 22 REC'D	
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: ABANDON HOUSE			Dept. of Environmental Quality
Address: 502 NORTH STREET			
City: LEXINGTON	State: MS	Zip: 39095	
Site Location: 502 NORTH STREET			Tel:
Building Size: 1200	# of Floors: 1	Age in Years: 80	
Present Use: VACANT	Prior Use: RESIDENTIAL		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: MS HOME CORPORATION			
Address:			
City:	State: MS	Zip:	
Contact:			Tel:
REMOVAL CONTRACTOR: BILLY SHUMATE CONSTRUCTION			
Address: P.O. BOX 4279			
City: MERIDIAN	State: MS	Zip: 39304	
Contact: BILLY SHUMATE			Tel: 601934-9337
OTHER OPERATOR: CAIN INC.			
Address: P.O. BOX 98			
City: KOSCIUSKO	State: MS	Zip: 39090	
Contact: BRIAN CAIN			
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):			
CHRIS PEARSON PLM 10-28-20			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 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
		Indicate Unit of Measurement Below	
Pipes	1000 S.F.	TRANSITE	SIDING
Surface Area			
Vol RACM Off Facility Component			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-4-21		Complete: 2-6-20	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

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

TOTAL DEMOLITION OF HOUSE , EXCAVATOR

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 CONST.**

Address: **P.O. BOX 4279**

City: **MERIDIAN**

State: **MS**

Zip: **39304**

Contact Person: **BILLY SHUMATE**

Tel: **601-0934-9337**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **WASTE MANAGEMENT**

Address:

City:

State:

Zip:

Tel:

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

AS PER DEQ 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
Type or Print Name

Billy Shumate
(Signature of Owner/Operator)

1-21-20
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Billy Shumate
Type or Print Name

Billy Shumate
(Signature of Owner/Operator)

1-21-20
(Date)