

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) -D-									
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)									
Bldg. Name: ABANDONED HOUSE									
Address 212 WILSON STREET									
City: SHAW	State: MS	Zip: 38773							
Site Location: 212 WILSON 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 CONST.									
Address: P.O. BOX 4279									
City: MERIDIAN	State: MS	Zip: 39304							
Contact: BILLY SHUMATE			Tel: 601-934-9337						
OTHER OPERATOR: CAIN INC.									
Address: P.O. BOX 98									
City: KOSCIUSKO	State: MS	Zip: 39090							
Contact: BRAIN 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 10-20-20									
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below					
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RACM To Be Removed</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Category I</td> <td style="text-align: center;">Category II</td> </tr> </table>		RACM To Be Removed		Category I	Category II	UNIT	
				RACM To Be Removed					
Category I	Category II								
Pipes 110 S.F.		FLOOR	TILE	Ln Ft:	Ln M:				
Surface Area				Sq Ft:	Sq M:				
Vol RACM Off Facility Component				Cu Ft:	Cu M:				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2 - 26- 20				Complete: 2-26-20					
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: **601-934-9337**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **PINE RIDGE LANDFILL, WASTE MANAGEMENT**

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 ASBESTOS 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

Billy Shumate
(Signature of Owner/Operator)

2-3-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Type or Print Name

Billy Shumate
(Signature of Owner/Operator)

2-3-21

(Date)