

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: FOUNDERS GYMNASIUM					
Address 275 W. BROAD ST.					
City: DECATUR	State: MS	Zip: 39327			
Site Location: FOUNDERS GYMNASIUM , WEST ADDITION			Tel:		
Building Size 2800 S.F.	# of Floors: 2	Age in Years: 80			
Present Use: WEIGHT ROOM	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: EAST CENTRAL COMMUNITY COLLEGE					
Address: 275 W. BROAD ST.					
City: DECATUR	State: MS	Zip: 39327			
Contact:			Tel:		
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)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
DON COOLEY , PLM , MAY 28, 2021					
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 		RACM To Be Removed	Category I	Category II	UNIT
Pipes	1500 S.F.	FLOOR TILE	& MASTIC	LnFt:	Ln M:
Surface Area	T.S.I.	4 Li. Ft.		SqFt:	Sq M:
Vol RACM Off Facility Component	25 windows			CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-2-21				Complete: 7-7-21	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-8-21				Complete: 7-28-21	

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JUN 21 REC'D

Dept. of Environmental Quality

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

total demolition of west wing addition to FOUNDERS GYMNASIUM

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

GLOVE BAGGING , WET METHOD, DOUBLE BAGGING, WINDOWS INTACT REMOVAL

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: **WASTE MANAGEMENT , PINE RIDGE 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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

AS PER MDEQ RREQUIREMENTS

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.

Billy Shumate
(Signature of Owner/Operator)

7-18-21

(Date)

Type or Print Name

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Billy Shumate
(Signature of Owner/Operator)

7-18-21

(Date)

Type or Print Name