

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

**Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark <b>4/27/22</b>	Date Received (MDEQ use only) <b>4/28/22</b>	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>-O-</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>-R-</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>SCOTT HALL , EAST CENTRAL COMMUNITY COLLEGE</b>				
Address <b>275 WEST BROAD ST.</b>				
City: <b>DECATUR</b>	State: <b>MS</b>	Zip: <b>39327</b>		
Site Location: <b>SCOTT HALL</b>		Tel:		
Building Size <b>9000 S.FT.</b>	# of Floors: <b>2</b>	Age in Years: <b>50</b>		
Present Use: <b>DORMS</b>	Prior Use: <b>DORMS</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>EAST CENTRAL COMMUNITY COLLEGE</b>				
Address: <b>275 WEST BROAD ST.</b>				
City: <b>DECATUR</b>	State: <b>MS</b>	Zip: <b>39327</b>		
Contact: <b>MR. ARTIE FORMAN</b>		Tel: <b>601686 2256</b>		
REMOVAL CONTRACTOR <b>BILLY SHUMATE CONSTRUCTION</b>				
Address: <b>P.O. BOX 4279</b>				
City: <b>MERIDIAN</b>	State: <b>MS</b>	Zip: <b>39304</b>		
Contact: <b>BILLY SHUMATE</b>		Tel: <b>601-934-9337</b>		
OTHER OPERATOR: <b>BURTON CONSTRUCTION</b>				
Address: <b>306 27th AVE</b>				
City: <b>MERIDIAN</b>	State: <b>MS</b>	Zip: <b>39301</b>		
Contact: <b>MR DERICK BURTON</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>WILLIE NESTER , PLM , 3-28-22</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft:      Ln M:
Surface Area	CEILING TEXTURE	1100 SQ.FT.		Sq Ft:      Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5-11-22</b>		Complete: <b>6- 1-22</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>5-18-22</b>		Complete: <b>8-9-22</b>		

RECEIVED

APR 28 2022

DEPT. OF ENVIRONMENTAL QUALITY

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

**REMOVAL OF CEILING TEXTURE - CEILINGS**

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

WET METHOD, NEG AIR , DOUBLE BAGGING , CONTAINMENT

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: **WASTE MANAGEMENT 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 ASBESTOS MATERIAL BECOMES CRUMBLER, 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)

**4-27-22**

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

**BILLY SHUMATE CONST.**

Type or Print Name

*Billy Shumate*  
(Signature of Owner/Operator)

**4-27-22**

(Date)