

# 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) <b>5-23-2022 Eln</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>-D-</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>CALHOUN CITY TELEPHONE CO.</b>					
Address <b>111 PUBLIC SQUARE</b>					
City: <b>CALHOUN CITY</b>	State: <b>MS</b>	Zip: <b>38916</b>			
Site Location: <b>111 PUBLIC SQUARE</b>		Tel: <b>662-601-0111</b>			
Building Size <b>1200</b>	# of Floors: <b>1</b>	Age in Years: <b>70</b>			
Present Use: <b>VACANT</b>	Prior Use: <b>OFFICE AREA</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>TDS TELECOMMUNICATIONS CORP.</b>					
Address: <b>525 JUNCTION ROAD</b>					
City: <b>MADISON</b>	State: <b>WISCONSIN</b>	Zip: <b>53717</b>			
Contact:		Tel: <b>608-664-0016</b>			
REMOVAL CONTRACTOR <b>BILLY SHUMATE CONST.</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>WILCO CONSTRUCTION</b>					
Address: <b>100 STREET A, SUITE A</b>					
City: <b>PICAYUNE</b>	State: <b>MS</b>	Zip: <b>39466</b>			
Contact: <b>MR. LARRY WILLIAMSON</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>LEE A. POLK , TERRACON, PLM SEPT. 29 , 2021</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<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	Category I	Category II	UNIT
Pipes	<b>700 SQ.FT.</b>	<b>VINYL BACK</b>	<b>CARPET</b>	Ln Ft:	Ln M:
Surface Area	<b>5 - ROOF</b>	<b>PENETRATIONS</b>		Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>6-6-22</b>				Complete: <b>6-8-22</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>UNKNOWN</b>				Complete:	

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

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 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: PINERIDGE LANDFILL

Address: 520 MURPHY ROAD

City: MERIDIAN

State: MS

Zip: 39301

Tel: 601-934-9337

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 M.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 CONST.

Type or Print Name

*Billy Shumate*  
(Signature of Owner/Operator)

5-22-22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Type or Print Name

*Billy Shumate*  
(Signature of Owner/Operator)

5-22-22

(Date)