

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 12/19/24	AI Number 85930
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): -0-				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): - R -				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: CLARKDALE HIGH SCHOOL - LIBRARY				
Address: 7000 HWY 145 SOUTH				
City: MERIDIAN, MS 39301		State: MS	Zip: 39301	
Site Location: 7000 HWY 145 SOUTH, LIBRARY			Tel: 601-693-4463	
Building Size: 10,000 s.f. - LIBRARY 1280		# of Floors: 1	Age in Years: 65	
Present Use: HIGH SCHOOL LIBRARY		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: LAUDERDALE COUNTY SCHOOL DISTRICT				
Address: 301 - 46th CT.				
City: MERIDIAN		State: MS	Zip: 39305	
Contact:			Tel: 601-693-1683	
ASBESTOS REMOVAL CONTRACTOR: BILLY SHUMATE CONSTRUCTION				
Address: P.O. BOX 4279				
City: MERIDIAN		State: MS	Zip: 39304	
Contact: BILLY SHUMATE			Tel: 601-934-9337	
Certification Number: ABC-00001893		Expiration Date: AUG. 2nd 2025		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: JACK MASSEY 3-15-2023		
Inspector: JACK MASSEY		Certification Number: ABI-00003785	Expiration Date: 5-17-24 5/30/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: FLOOR TILE AND MASTIC, <div style="text-align: right;">-PLM-</div>				
VII. QUANTITY OF RACM TO BE REMOVED: 1280 sq.ft. FLOOR TILE AND MASTIC				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-23-24 / 12-23-24 Complete: 12-27-25				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: UNKNOWN Complete:				

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

REMOVAL OF FLOOR TILE BY HAND AND MASTIC REMOVAL BY HAND. NEW FLOOR TILE TO BE INSTALLED

XII. 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, NEGATIVE AIR

XIII. 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:

XIV. WASTE DISPOSAL SITE

Name: KEMPER COUNTY LANDFILL

Address: 21211 HWY 16 E.

City: DEKALB

State: MS

Zip: 39328

Contact Person: MS. PAMILA

Tel: 601-734-4310

XV. 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):

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

~~Tornado Damage - Work to be done while children are out for holidays.~~

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. 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 AND REGULATIONS.

XVIII. 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)

12-4-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

BILLY SHUMATE CONST.

Type or Print Name

Billy Shumate
(Signature of Owner/Operator)

12-4-24

(Date)