

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 4/28/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>OR</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>AT&T Quitman CO</u>				
Address: <u>116 Long Blvd.</u>				
City: <u>Quitman</u>		State: <u>MS</u>	Zip: <u>39355</u>	
Site Location: <u>Main Telco Area</u>		Tel:		
Building Size: <u>3,582</u>		# of Floors: <u>1</u>	Age in Years: <u>45</u>	
Present Use: <u>Central Office</u>		Prior Use: <u>Central Office</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>AT&T Quitman CO</u>				
Address: <u>116 Long Blvd</u>				
City: <u>Quitman</u>		State: <u>MS</u>	Zip: <u>39355</u>	
Contact: <u>LaKela Todd</u>		Tel: <u>251-243-9846</u>		
ASBESTOS REMOVAL CONTRACTOR: <u>Lakeshore Environmental Contractors LLC</u>				
Address: <u>5513 Eastcliff Industrial Loop</u>				
City: <u>Birmingham</u>		State: <u>AL</u>	Zip: <u>35210</u>	
Contact: <u>Aaron Murphree</u>		Tel: <u>205-288-7049</u>		
Certification Number: <u>ABC-00001844</u>		Expiration Date: <u>01/03/2026</u>		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No):		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>Assume</u>				
VII. QUANTITY OF RACM TO BE REMOVED: <u>Floor Tile and Mastic (Non-Friable) NonMastic</u>				
Pipes (LN FT):	Surface Area (SQ FT): <u>1,000 SF</u>	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: <u>04/29/2025</u> <u>04/30/25</u> Complete: <u>05/02/2025</u> <u>5/3/25</u>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

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

Regulated Area, Decon, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vacuum, Amended Water
Applied During Removal

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

Regulated Area, Decon, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vacuum, Amended Water
Applied During Removal

XIII. WASTE TRANSPORTER #1

Name: Lakeshore Environmental Contractors

Address: 5513 Eastcliff Industrial Loop

City: Birmingham

State: AL

Zip: 35210

Contact Person: Aaron Murphree

Tel: 205-288-7049

WASTE TRANSPORTER #2

Name: Independent Waste

Address: 112 24th Street N

City: Birmingham

State: AL

Zip: 35203

Contact Person: Jack Louis

Tel: 205-902-9804

XIV. WASTE DISPOSAL SITE

Name: Big Sky Environmental

Address: 5100 Flat Top Road

City: Adamsville

State: AL

Zip: 35005

Contact Person:

Tel:

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:

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop Work, Contain Area, Notify Mississippi DEQ & Revised Notification.

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.

Bonita Carlisle

Type or Print Name

Bonita Carlisle
(Signature of Owner/Operator)

04/15/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bonita Carlisle

Type or Print Name

Bonita Carlisle
(Signature of Owner/Operator)

04/15/2025

(Date)