
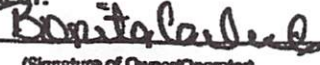


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 4/29/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>OR Canceled</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) <u>Domestic</u></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: <u>4</u>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>04/29/2025</u> <u>05/30/25</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		29 BC 04/16/2025
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Bonita Carlisle		29 BC 04/16/2025
Type or Print Name	(Signature of Owner/Operator)	(Date)