

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 6/17/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) -O-					
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: PHILADELPHIA HIGH SCHOOL					
Address 248 BYRD AVE. N.					
City: PHILADELPHIA		State: MS		Zip: 39350	County: LAUDERDALE
Site Location: 248 BYRD AVE.N.				Tel: 601-656-2672	
Building Size 15000S.FT.		# of Floors: 2		Age in Years: 50	
Present Use: HIGH SCHOOL		Prior Use:			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)					
OWNER NAME: PHILADELPHIA SCHOOL DISTRICT					
Address: 248 BYRD AVE.					
City: PHILADELPHIA		State: MS		Zip: 39350	
Contact:				Tel: 601-656-2955	
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: J&J CONTRACTORS					
Address: 9301 HWY 19 N					
City: COLLINSVILLE		State: MS		Zip: 39325	
Contact: JAY JOYNER				Tel: 601-917-0650	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES					
WAS ASBESTOS PRESENT? (Yes/No): YES				Inspection Date: 11-22-24	
Inspector: WILLIE NESTER		Certification Number: ABI-0000 2244		Expiration Date: 1-9-25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: WINDOW PUTTY 2X2 CEILING TILE EXTERIOR - WINDOW CAULK -PLM-					
VII. QUANTITY OF RACM TO BE REMOVED: 109 WINDOWS - INTACT					
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: 7-1-25				Complete: 8-1-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-2-25				Complete: 9-1-25	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**REPLACING ALU. WINDOWS IN NORTH WING OF HIGH SCHOOL****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, REMOVE INTACT - ALUMINUM WINDOW UNITS****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 SITEName: **WASTE PRO - KEMPER CO. LANDFILL**Address: **21211 HWY 16 E.**City: **DEKALB**State: **MS**Zip: **39328**Contact Person: **PAMILA**Tel: **601-743-4310****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:

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:
AS PER M.D.E.Q. REQUIREMENTS****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

Type or Print Name

(Signature of Owner/Operator)

6-17-25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE

Type or Print Name

(Signature of Owner/Operator)

6-17-25

(Date)

Office DEPOT OfficeMax®

MERIDIAN - (601) 485-8823
06/17/2025 4:35 PM



VTVTP95U663YEM8M8

SALE 2174-22-2388-1111-24.8.1
507371 Self Serve Sca
2 @ 0.31 0.62
You Pay 0.62S
Subtotal: 0.62
Total: 0.62
Visa 8504: 0.62

AUTH CODE 022522
TDS Chip Read
AID A0000000031010 VISA DEBIT
CVS No Signature Required

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