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)	Notification # (MDEQ use only)

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: STUDENT HEALTH BLD

Address SANDERS ST.

City: SCOOBA	State: MS	Zip: 39358
Site Location:		Tel:
Building Size 1200	# of Floors: 1	Age in Years: 50
Present Use: STUDENT HEALTH	Prior Use:	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: EAST MS COMMUNITY COLLEGE

Address: 1512 KEMPER ST.

City: SCOOBA	State: MS	Zip: 39358
Contact: CHUCK LUKE		Tel: 601-490-1716

REMOVAL CONTRACTOR BILLY SHUMATE CONST.

Address: P.O. BOX 4279

City: MERIDIAN	State: MS	Zip: 39304
Contact: BILLY SHUMATE		Tel: 601-934-9337

OTHER OPERATOR:

Address:

City:	State:	Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No) YES

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

PRESUMED A.C.M.

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	400 SQ.FT.	TRANSITE	SIDING	LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-6-20 Complete: 10-7-20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-8-20 Complete: 10-15-20

RECEIVED
SEP 24 2020
Dept. of Environmental Quality

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

REMOVE DAMAGE VINIL SIDING , TRANSITE SIDING, TO REPAIR END WALL WHERE DAM

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 CONST.

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 RD.

City: MERIDIAN | State: MS | Zip: 39301

Tel: 601-483-0715

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

AS PER 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. | Billy Shumate | 9-22-20

Type or Print Name | (Signature of Owner/Operator) | (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST. | Billy Shumate | 9-22-20

Type or Print Name | (Signature of Owner/Operator) | (Date)