MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Onty: Postrr ▼Email □Mail □Hand Delivery	Postmark (mail only) Date Received 2-27-23 Al Number						
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):							
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: THE ALUMNI HOUSE							
Address: 401 W. BROAD ST.							
city: DECATUR State: MS		Z	Zip: 39327				
Site Location: 401 W. BROAD ST. DEC	ATUR	Т	el:601-686-2256				
Building Size:	# of Floors:		Age in Years: 64				
Present Use: VACANT	Prior Use: AL	UMNI HOL	JSE				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: EAST CENTRAL COMMUNITY COLLEGE							
Address: 275 W. BROAD ST.							
city: DECATUR			ip: 39327				
Contact: ARTIE FORMAN			Tel: 601-686-2256				
ASBESTOS REMOVAL CONTRACTOR: BILLY SHUMATE CONST.							
Address: P.O. BOX 4279							
City: MERIDIAN	State: MS		Zip: 39304				
Contact: BILLY SHUMATE		T	Tel: 601-934-9337				
Certification Number: ABC-00001893		Expiration Date: AUG. 19th					
OTHER OPERATOR:							
Address:							
City:	State:	Z	ip:				
Contact:		Т	el:				
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO							
WAS ASBESTOS PRESENT? (Yes/No):	Inspection Date:						
	tification Number:		Expiration Date:				
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PRESUMED ASBESTOS FLOOR TILE, 9x9							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT): Surface	Area (SQ FT): 700	Volu	ume of Facility Components (CU FT):				
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category I: Category II: floor tile							
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-17-23 Complete: 3-23-23							
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: FLOOR TILE REMOVAL BY HAND LABOR,, CERTIFIED WORKERS REPLACING FLOOR TILE WITHNEW FLOOR COVERING.							
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: DOUBLE BAGGING, WET METHOD							
XIII. WASTE TRANSPORTER #1							
Name: BILLY SHUMATE CONSTRUCTION							
Address: P.O. BOX 4279							
City: MERIDIAN	State: MS		Zip: 39304				
Contact Person: BILLY SHUMATE	SHUMATE		Tel: 601-934-9337				
WASTE TRANSPORTER #2							
Name:							
Address:				4 4444			
City:	State:		Zip:				
Contact Person:			Tel:				
XIV. WASTE DISPOSAL SITE							
Name: PINERIDGE LANDFILL							
Address: 520 MURPHY ROAD							
City: MERIDIAN	State: MS		Zip: 39301				
Contact Person: JUSTIN Tel: 601-483-0715-							
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
Name:	Title:						
Authority:							
ate 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:							
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Explanation of how the event caused unsafe conditions or would cause equipment damage or an uπreasonable financial burden:							
XVII. 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 MDEQ 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 CONST,	which	ulk	<u>stom</u>	9-38-33			
Type or Print Name	(Signature of Owner)	parator)		(Date)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORREBILLY SHUMATE CONST.	ET. Billy	D	James	2-28-23			
Type or Print Name	(Signature of Owner/C	Operator)		(Date)			