

## REV MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201					
MDEQ Use Only: Postmark ( ☑Email ☐ Mail ☐ Hand Delivery			ceived -14-2023	Al Number	
I. Type of Notification (O=Original R=Revised C=Canceled	d A= Annual) -♥	_	REVISED		
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) -D-					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: BONITA ATTENDANCE CENTER,					
Address 601 OAK GROVE DRIVE		<b>7</b>			
City: MERIDIAN	State: MS		Zip: 39301	County: LAUDERDALE	
Site Location: 601 OAK GROVE DRIVE			<sub>Tel:</sub> 601-693-1683		
Building Size 12,000 SQ.FT.	# of Floors: 2		Age in Years: 62		
Present Use: VACANT	Prior Use: SCH	Prior Use: SCHOOL BUILDING			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)					
OWNER NAME: LAUDERDALE COUNTY SCHOOL DISTRICT					
Address: 301 - 46th CT.					
City: MERIDIAN	,: MERIDIAN State: MS		<sub>Zip:</sub> 39305		
Contact: ADAM FOREMAN			<sub>Tel:</sub> 601-479-1983		
ASBESTOS REMOVAL CONTRACTOR: BILLY SHUMATE CONSTRUCTION					
Address: P.O. BOX 4279			<u> </u>		
City: MERIDIAN	State: MS		zip: 39304		
Contact: BILLY SHUMATE			Tel: 601-934-9337		
Certification Number: ABC-00001893 Expiration Date: AUG. 15th 2024					
OTHER OPERATOR: BILLY SHUMATE CONSTFOR DEMOLITION CONTRACTOR,					
Address: P.O. BOX 4279					
City: MERIDIAN	State: MS	State: MS		Zip: 39304	
contact: BILLY SHUMATE			Tel: 601-934-9337		
v. was site inspected to determine presence of asbestos? (Yes/No): YES					
			3rd 2021		
Inspector: DON COOLEY Certification Number: ABI-00001363 Expiration Date: 2-12-22					
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: FLOOR TILES-MULTIPLE LAYERS, FLOORING MASTICS, LINOLEUM, WINDOW CAULK,					
PLASTER, SHEETROCK-JOINT COMPOUND, WRITING BOARD MASTICS, ROOFING					
MATERIALS, TRANSITE FLUE PIPE, T.S.I., CEILING TILE, DROP CEILING, DRYWALL -					
JOINT COMPOUND - PLM ANALYSIS -					
VII. QUANTITY OF RACM TO BE REMOVED: 65 WINDOWS, 5,900 sq.ft. FLOOR TILE-BOTTOM LAYER					
Pipes (LN FT): 20 LI.FT. TSI -FLUE PIPE   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: 1-3-24 Complete: 1-15-24					
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1-16-24 Complete: 2-15-24					

XI. DESCRIPTION OF PLANNED DEMOLITION OR RE	NOVATION WORK, AND MET	HOD(S) TO BE USED:			
TOTAL DEMOLITION OF BUILDING - BY EXCAVATOR					
XII. DESCRIPTION OF WORK PRACTICES AND ENGI DEMOLITION OR RENOVATION SITE:	NEERING CONTROLS TO BE I	JSED TO PREVENT EMISSIONS OF ASBESTOS AT THE			
WET METHOD, DOUBLE BAGGING, GLOVE BAG,					
XIII. WASTE TRANSPORTER #1					
Name: BILLY SHUMATE CONSTRUCT	ION				
Address: P.O. BOX 4279					
City: MERIDIAN	State: MS	<sub>Zip:</sub> 39304			
Contact Person: BILLY SHUMATE		Tel:601-934-9337			
WASTE TRANSPORTER #2					
Name: SAME					
Address:					
City:	State:	Zip:			
Contact Person:		Tel:			
XIV. WASTE DISPOSAL SITE					
Name: WASTE PRO, KEMPER CO. LANDFILL					
Address: 21211 HWY 16 EAST					
City: DEKALB	State: MS	zip: 39328			
Contact Person:		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 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.  Type or Print Name  (Signature of Dwner/Operator)  (Date)					
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS BILLY SHUMATE CONST.					
Type or Print Name (Signa	(Signature of Owner/Operator) (Date)				