

**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 09-20-2024	AI Number 76923
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 BUILDING, EAST MS COMMUNITY COLLEGE				
Address: 1512 KEMPER STREET				
City: SCOوبا		State: MS	Zip: 39358	
Site Location: 1512 KEMPER ST. See section XI			Tel: 662-476-5000	
Building Size: 3000 SQ.FT.		# of Floors: 1	Age in Years: 75	
Present Use: STUDENT HEALTH BLD.		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: EAST MS. COMMUNITY COLLEGE				
Address: 1512 KEMPER ST.				
City: SCOوبا		State: MS	Zip: 39358	
Contact: MR. CHUCK LUKE			Tel: 601-490-1716	
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:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO				
WAS ASBESTOS PRESENT? (Yes/No): YES -- PRESUMED ACM			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: TRANSITE SIDING				
VII. QUANTITY OF RACM TO BE REMOVED: TRANSITE SIDING				
Pipes (LN FT):		Surface Area (SQ FT): 600 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: 10-7-24			Complete: 10-8-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-9-24			Complete: 10-20-24	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
REMOVAL OF LOOSE VINYL SIDING AND TRANSITE SIDING FROM FRONT WALL OF BUILDING,, REPLACE SIDING WITH NEW CONCRETE PLANK SIDING..

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

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 SITE

Name: WASTE PRO - KEMPER CO LANDFILL

Address: 21211 HWY 16 E.

City: DeKALB

State: MS

Zip: 39328

Contact Person: PAMELA HOLMES

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 CRUMBLLED, 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

*Billy Shumate*  
(Signature of Owner/Operator)

9-20-24  
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT  
BILLY SHUMATE CONST.  
Type or Print Name

*Billy Shumate*  
(Signature of Owner/Operator)

9-20-24  
(Date)