

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

- I. **TYPE OF NOTICE:** Original Revision Canceled
 Annual Info. Only
- II. **TYPE OF PROJECT:** Renovation Demolition
 Ordered Demolition Emergency Renovation
- III. **SITE INFORMATION:** Name FAIRVIEW ELEMENTARY SCHOOL
Description: SCHOOL BUILDING
Address: 225 AIRLINE RD.,
City: COLUMBUS County: _____ State: MS. ZIP: 39702
Contact Person: JEFF CHURCH Telephone: 601-616-5002
- IV. **OWNER INFORMATION:** Name: COLUMBUS MUNICIPAL SCHOOL DISTRICT
Full Mailing Address: 225 AIRLINE RD., COLUMBUS, MS. 39702
Contact Person: JEFF CHURCH Telephone: 601-616-5002
- V. **ASBESTOS REMOVAL CONTRACTOR:** Name: BILLY SHUMATE CONST.
Certification No.: ABC-00001893 Expiration Date: SEPT. 7, 2017
Full Mailing Address: P.O. BOX 4279, MERIDIAN, MS. 39304
Contact Person: BILLY SHUMATE Telephone: 601-693-3207
- VI. **CONTRACTOR (Other):** Name: DANIELS ROOFING CO.
Full Mailing Address: 6317 D. STREET, MERIDIAN, MS. 39301
Contact Person: JERRY CARVIN Telephone: 601-4823911
- VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**
Removal Project Start: 3 / 23 / 17 Removal Project Stop: 3 / 27 / 17
- VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**
Project Start: 3 / 27 / 17 Project Stop: 4 / 27 / 17 Prep. Date: / /
- IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 25,000 Bldg. Size (LNFT): _____
No. of Floors: 1 Age in Years: 45
Present Use: SCHOOL BUILDING Prior Use: SAME
- X. **ASBESTOS INSPECTION:**
Was site inspected to determine presence of asbestos: Yes No
Inspection Date: 1 / 3 / 17 Asbestos Present? Yes No
Inspector: CHRIS PEARSON Cert. No.: _____ Expiration Date: _____
Identify suspect materials sampled: ROOF CORE, FLASHING, PENETRATION FELTS
Laboratory Analysis: TEM PLM XX Other _____
Name of Laboratory: EMLab P&K
- XI. **QUANTITY OF RACM TO BE REMOVED:**
Pipes (LN FT) _____ Surface Area (SQ FT) _____
Volume of Facility Components (CU FT) _____
- XII. **QUANTITY OF NONFRIABLE ASBESTOS** _____ NOT REMOVED XX TO BE REMOVED:
Category I: 2000 S.F. Category II: _____
- XIII. **WASTE TRANSPORTER:** Name: BILLY SHUMATE CONST.
Full Mailing Address: P.O. BOX 4279, MERIDIAN, MS. 39304
Contact Person: BILLY SHUMATE Telephone: 601-693-3207

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MAR 16 2017
Dept. of Environmental Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: PINERIDGE LANDFILL
 Physical Location: 520 MURPHY RD., MERIDIAN, MS.
 Full Mailing Address: 520 MURPHY RD., MERIDIAN, MS. 39301
 Contact Person: JUSTIN CULPEPPER Telephone: 601-483-0715
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: _____
 Physical Location: _____
 Full Mailing Address: _____ Telephone: _____
 Contact Person: _____
 *All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):

<input type="checkbox"/> Strip & Removal	<input type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input checked="" type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
REMOVAL OF PERIMETER FLASHING INTACT,
FOR REROOFING PROJECT.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
AS PER D.E.Q. REQUIREMENTS
 *Will MDEQ be notified of any significant changes? Yes () No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: _____ Title: _____
 Authority: _____ Date Demolition to Begin: ___/___/___
 Date of Order: _____

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ___/___/___, Time: _____
 Description of the sudden, unexpected event:

 Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.
BILLY SHUMATE, CONTRACTOR
 Type or Print Name & Title

Billy Shumate 3-8-17
 Signature Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
 P.O. Box 2261 Jackson, MS 39201
 Jackson, MS 39225 (601) 961-5171