

## STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

- I. **TYPE OF NOTICE:** (X) Original ( ) Revision ( ) Canceled  
( ) Annual ( ) Info. Only
- II. **TYPE OF PROJECT:** (X) Renovation ( ) Demolition  
( ) Ordered Demolition ( ) Emergency Renovation
- III. **SITE INFORMATION:** Name OAKLAND HEIGHTS ELEMENTARY SCHOOL  
Description: SCHOOL  
Address: 601- 59th AVE.  
City: MERIDIAN County: LAUDERDALE State: MS. ZIP: 39301  
Contact Person: RUSTY SPEED Telephone: 601-527-1460
- IV. **OWNER INFORMATION:** Name: MERIDIAN PUBLIC SCHOOL DISTRICT  
Full Mailing Address: 1019 25th AVE., MERIDIAN, MS. 39301  
Contact Person: RUSTY SPEED Telephone: 601-527-1460
- V. **ASBESTOS REMOVAL CONTRACTOR:** Name: BILLY SHUMATE CONST.  
Certification No.: ABC-00001893 Expiration Date: SEPT. 7TH 2017  
Full Mailing Address: P.O. BOX 4279, MERIDIAN, MS. 39304  
Contact Person: BILLY SHUMATE Telephone: 601-693-3207
- VI. **CONTRACTOR (Other):** Name: NORMAN ROOFING CO.  
Full Mailing Address: 202 18th AVE. SO. MERIDIAN, MS. 39301  
Contact Person: CHUCK NORMAN Telephone: 601-483-4079
- VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 6 / 5 / 17 Removal Project Stop: 6 / 15 / 17
- VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: 6 / 6 / 17 Project Stop: 7 / 30 / 17 Prep. Date:    /   /
- IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): 30,000 Bldg. Size (LNFT):             
No. of Floors: 2 Age in Years: 43  
Present Use: ELEMENTARY SCHOOL Prior Use:
- X. **ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos: (X) Yes ( ) No  
Inspection Date: 3 / 25 / 17 Asbestos Present? (X) Yes ( ) No  
Inspector: PAUL ANDERSON Cert. No.: ABL-00001686 Expiration Date: 7-14-17  
Identify suspect materials sampled: ROOF CORE, FLASHING, PARAPET WALLS  
Laboratory Analysis: TEM PLM XX Other             
Name of Laboratory: C.E.I. LABS
- 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: 850 s.f. TAR FLASHING Category II:
- XIII. **WASTE TRANSPORTER:** Name: BILLY SHUMATE  
Full Mailing Address: P.O. BOX 4279, MERIDIAN, MS. 39304  
Contact Person: BILLY SHUMATE Telephone: 601-693-3207

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**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

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

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):**  
 Name: BOSEMAN HILL LANDFILL  
 Physical Location: WASTE PRO,, PINESPRINGS, MS.  
 Full Mailing Address: 200 BRAXTON AVE., MERIDIAN, MS. 39301  
 Contact Person: ANNA Telephone: 601-483-9777  
 \*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 checked="" 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 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 TAR FLASHING, FOR  
REROOFING OF SCHOOL,, 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 of Order: \_\_\_\_\_ Date Demolition to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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  
 Signature

5-23-17  
 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