

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
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) -D-					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: QUITMAN ELEMENTARY SCHOOL					
Address 300 E. FRANKLIN ST.					
City: QUITMAN	State: MS	Zip: 39355			
Site Location: UPPER ELEMENTARY			Tel:		
Building Size 300 S.F.	# of Floors: 2	Age in Years: 14			
Present Use: VACANT	Prior Use: READING ROOM OVER WALKWAY				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: QUITMAN SCHOOL DISTRICT					
Address: 104 E. FRANKLIN ST.					
City: QUITMAN	State: MS	Zip: 39355JOSE			
Contact: JOSEPH HOLLOMAN			Tel: 601-776-1045		
REMOVAL CONTRACTOR BILLY SHUMATE CONSTRUCTION					
Address: P.O. BOX 4279					
City: MERIDIAN	State: MS	Zip: 39304			
Contact: BILLY SHUMATE			Tel: 601-934-9337		
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
DON COOLEY 1-22-20 PLM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes	CAULKING	AROUND 11	WINDOW	LnFt:	Ln M:
Surface Area			FRAMES	SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-19-20				Complete: 5-21-20	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-22-20				Complete: 6-3-20	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

DEMOLITION OF STRUCTURE OVER SIDEWALK WALKWAY

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

WET METORD, DOUBLE BAGGING , REMOVE WINDOWS INTACT .

XII. WASTE TRANSPORTER #1

Name: **BILLY SHUMATE CONST,**

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:

XIII. WASTE DISPOSAL SITE

Name: **PINERIDGE LANDFILL**

Address: **520 MURPHY RD.**

City: **MERIDIAN**

State: **MS**

Zip: **39301**

Tel: **601-483-0715**

XIV. 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):

XV. 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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

AS PER D.E.Q. REQUIREMENTS

XVII. 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.

Billy Shumate
(Signature of Owner/Operator)

4-28-20

(Date)

Type or Print Name

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Billy Shumate
(Signature of Owner/Operator)

4-28-20

(Date)

Type or Print Name