

MAP

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 4-27-2023	AI Number
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: MERIDIAN HIGH SCHOOL, GIRLS GYM LOCKER ROOM				
Address: 2320 - 32 nd STREET				
City: MERIDIAN		State: MS	Zip: 39301	
Site Location: 2320 - 32 nd ST.			Tel: 601-483-6271	
Building Size: 15,000		# of Floors: 3	Age in Years: 60	
Present Use: LOCKER-SHOWER ROOM		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MERIDIAN PUBLIC SCHOOL DISTRICT				
Address: 1019 - 25th AVE.				
City: MERIDIAN		State: MS	Zip: 39301	
Contact: JAY JOYNER			Tel: 601-917-0650	
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. 19th 2023	
OTHER OPERATOR: J & J CONTRACTORS				
Address: 9301 MS HWY 19				
City: COLLINSVILLE		State: MS	Zip: 39325	
Contact: JAY JOYNER			Tel: 601-917-0650	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES , PICKERING FIRM, INC.				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 11-9-22	
Inspector: ANDREW P. WILSON		Certification Number: ABI-00011014	Expiration Date: AUG. 2nd 2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PIPE JOINT, EXTERIOR WINDOW PUTTY, WALL PAINT, DOOR CAULK, COVE BASE AND MASTIC , SHEETROCK AND JOINT COMPOUND . PLM				
VII. QUANTITY OF RACM TO BE REMOVED: 3 WINDOWS				
Pipes (LN FT): 140 LI. FT.		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: 5-11-23			Complete: 5-19-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-22-23			Complete: UNKNOWN	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
DOOR REPLACEMENTS, HVAC UP GRADE IN LOCKER ROOM AREA

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
NEGATIVE AIR, CONTAINMENT, WET METHOD, GLOVE BAGGING, 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: KEMPER COUNTY LANDFILL, WASTE PRO

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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
AS PER MDEQ REQUIREMENTS, AND REGULATIONS

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)

4-27-23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

BILLY SHUMATE CONST.

Type or Print Name

Billy Shumate
(Signature of Owner/Operator)

4-27-23

(Date)