

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 12/4/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O - FOR INFORMATION ONLY				
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: FOREST HIGH SCHOOL				
Address 511 CLEVELAND STREET				
City: FOREST	State: MS	Zip: 39074	County: SCOTT	
Site Location: 511 CLEVELAND ST. / Outside Perimeter of Deck		Tel: 601-469-3255		
Building Size 15,000 S.F.	# of Floors: 1	Age in Years: 60		
Present Use: HIGH SCHOOL	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: FOREST MUNICIPAL SCHOOL DDISTRICT				
Address: 325 CLEVELAND ST.				
City: FOREST	State: MS	Zip: 39074	Tel: 601-469-3266	
ASBESTOS REMOVAL CONTRACTOR: BILLY SHUMATE CONSTRUCTION				
Address: P.O. BOX 4279				
City: MERIDIAN	State: MS	Zip: 39304	Tel: 601-934-9337	
Contact: BILLY SHUMATE	Expiration Date: 08/02/2025			
Certification Number: ABC-1893		Expiration Date: 08/02/2025		
OTHER OPERATOR: NORMAN ROOFING CO.				
Address: 2510 A ST.				
City: MERIDIAN	State: MS	Zip: 39301	Tel: 601-513-6450	
Contact: BRITT CLEVELAND				
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 5-12-2022	
Inspector: WILLIE NESTER	Certification Number: ABI-2244	Expiration Date: 01-19-2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: BUILT UP ROOFING, FLASHING , PERIMETER FLASHING, PENITRATION FLASHING ROOFING CORE. <p style="text-align: center; font-size: 2em;">- PLM -</p>				
VII. QUANTITY OF RACM TO BE REMOVED: 1000 LI.FT. PERIMETER FLASHING,				
Pipes (LN 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: 12-7-24			Complete: 1-22-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: REROOF 12-9-24			Complete: UNKNOW	

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

ROOF REMOVAL BY HAND, AND REROOF A NEW ROOF.

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, REMOVAL BY HAND - NON REGULATED

XIII. 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:

XIV. WASTE DISPOSAL SITE

Name: KEMPER CO. LANDFILL - WASTE PRO

Address: 21211 HWY 16 E

City: DEKALB

State: MS

Zip: 39328

Contact Person: PAMILA

Tel: 601-745-4310

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:

Part of Tornado Damage a year ago.

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**

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

Type or Print Name

Billy Shumate
(Signature of Owner/Operator)

12-4-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Brit Cleveland

Type or Print Name

Brit Cleveland
(Signature of Owner/Operator)

12/4/2024

(Date)