
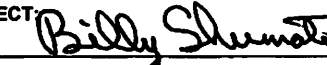


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 1-26-23	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: CLEVELAND CYPRESS PARK ELEMENTARY SCHOOL				
Address: 725 S DOCTOR M.L.K. JR DRIVE				
City: CLEVELAND	State: MS	Zip: 38732		
Site Location: 725 S DOCTOR M.L.K. JR. DRIVE			Tel: 662-846-6152	
Building Size: 28,000 SQ.FT.	# of Floors: 1	Age in Years: 45		
Present Use: VACANT	Prior Use: ELEMENTARY SCHOOL			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: CLEVELAND SCHOOL DISTRICT				
Address: 305 MERRITT DRIVE				
City: CLEVELAND	State: MS	Zip: 39060		
Contact:			Tel: 662-846-6152	
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: NORMAN ROOFING CO.				
Address: 2510 A STREET				
City: MERIDIAN	State: MS	Zip: 39301		
Contact: BRITT CLEVELAND			Tel: 601-513-6450	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: SEPT. 6th 2022	
Inspector: ANDREW WILSON	Certification Number: ABI-00011014	Expiration Date: AUG. 2nd 2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: built up roof and membrane roofing ,, PLM ,,				
VII. QUANTITY OF RACM TO BE REMOVED: 28000 SQ. FT. BUILT UP ROOFING				
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: 2-7-23			Complete: 2-21-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2-8-23			Complete: 3-3-23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Tare off BUILT UP ROOFING BY HAND,,FOR REROOFING OF BLD.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: WET MWTHOD, 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: LEFLORE COUNTY LANDFILL, WASTE MANAGEMENT SERVICE		
Address: 15200 US 49E		
City: SIDON	State: MS	Zip: 38954
Contact Person:	Tel: 662-455-7762	
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 M.D.E.Q. 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.		1-23-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
BILLY SHUMATE CONST.		1-23-23
Type or Print Name	(Signature of Owner/Operator)	(Date)