

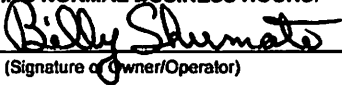
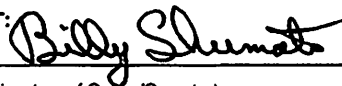
REV

RETURN EMAIL TO - billyshumate@yahoo.com

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 06-28-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): -O- R			
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: COKER PROPERTIES, STORE BUILDING			
Address: 111 HWY 19 N.			
City: MERIDIAN	State: MS	Zip: 39301	
Site Location: 111 HWY 19 N.		Tel:	
Building Size: 1000 SQ.FT.	# of Floors: 1	Age in Years: 60	
Present Use: VACANT	Prior Use: STORE		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: ANN COKER			
Address:			
City: MERIDIAN	State: MS	Zip: 39301	
Contact:		Tel: 6011-678-8869	
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:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES			
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 5-31-23	
Inspector: DON COOLEY	Certification Number: ABI-00001363	Expiration Date: 1-13-24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
ROOFING , DRYWALL , FLOOR TILE, WINDOW CAULK - PLM -			
VII. QUANTITY OF RACM TO BE REMOVED: ROOF FLASHING			
Pipes (LN FT):	Surface Area (SQ FT): 200	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: 7-10-23		Complete: 7-11-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-12-23		Complete: 7-15-23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: TOTAL DEMOLITION OF STRUCTURE, EXCAVATOR		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: WET METOD , DOUBLE BAGGING		
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: WASTE PRO, KEMPER COUNTY LANDFILL		
Address: 21211 HWY 16 EAST		
City: DEKALB	State: MS	Zip: 39328
Contact Person: KAYLEE	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 ASTESTOS MATERIAL BECOMES CRUMBLLED, 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 CONST. Type or Print Name	 (Signature of Owner/Operator)	6-24-23 (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: BILLY SHUMATE CONST. Type or Print Name	 (Signature of Owner/Operator)	6-24-23 (Date)