

**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 8/20/2024	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) -D-				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: TILL - NEWELL VETERINARY BUILDING				
Address 2200 - OLD HWY 45 NORTH				
City: MRRIDIAN	State: MS	Zip: 39301	County: LAUDERDALE	
Site Location: 2200 - OLD HWY 45 N.		Tel: 601-485-8094		
Building Size 3000 SQ.FT.	# of Floors: 1	Age in Years: 45		
Present Use: VACANT	Prior Use: VETERINARY CLINIC			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: DANIEL NEWELL				
Address: 5140 - DALE DRIVE				
City: MARION	State: MS	Zip: 39342		
Contact: MR. DANIEL NEWELL		Tel: 601-485-8094		
ASBESTOS REMOVAL CONTRACTOR: BILLY SHUMATE CONST.				
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. 2nd 2025		
OTHER OPERATOR: ROBBIE ALLEN CONSTRUCTION - DEMO CONTRACTOR				
Address:				
City: MARION	State: MS	Zip: 39342		
Contact: ROBBIE ALLEN		Tel: 601-527-6979		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 6-13-24		
Inspector: PAUL ANDERSON	Certification Number: ABI-00001686	Expiration Date: 6-9-25 5/31/2025		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: CEILING TILE, CEILING TEXTURE, JOINT COMPOUND, DRYWALL, BLOCK WALL TEXTURES, MASTIC , INSULATION , GROUT, DROP CEILING, WINDOW CAULKING, ROOFING... -PLM-				
VII. QUANTITY OF RACM TO BE REMOVED: 3 - SINKS / WALL TEXTURE ON CEMENT BLOCK WALLS				
Pipes (LN FT):	Surface Area (SQ FT): 480	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: 9-3-24		Complete: 9-5-24		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-5-24		Complete: 9-12-24		

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

Total demolition of building, by Excavator

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, remove intact

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: ROBBIE ALLEN CONSTRUCTION

Address:

City: MARION

State: MS

Zip: 39342

Contact Person: ROBBIE ALLEN

Tel: 601-527-6979

XIV. WASTE DISPOSAL SITE

Name: WASTE PRO KEMPER COUNTY LANDFILL

Address: 21211 HWY 16 E.

City: DEKALB

State: MS

Zip: 39328

Contact Person: PAMILA

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

(Signature of Owner/Operator)

8-20-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Type or Print Name

(Signature of Owner/Operator)

8-20-24

(Date)