



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 10-14-2024	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- ACM Removal Only				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: TRI - STATE MAPPING BUILDING				
Address: 310 MAIN STREET				
City: PHILADELPHIA		State: MS	Zip: 39350	
Site Location: 310 MAIN STREET 1 story bldg office area per contractor				Tel:
Building Size: 5700		# of Floors: 1	Age in Years: 75	
Present Use: VACANT		Prior Use: TRI - STATE MAPPING CO.		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MARTY STUARTs CONGRESS OF COUNTY MUSIC - MUSEUM				
Address: 311 BYRD AVE.				
City: PHILADELPHIA		State: MS	Zip: 39350	
Contact:				Tel: 601-653=5358
ASBESTOS REMOVAL CONTRACTOR: BILLY SHUMATE CONSTRUCUTION				
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: UNKNOWN				
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: TERRACON 5-28-24	
Inspector: BRAD MCKNIGHT		Certification Number: ABI-00001685		Expiration Date: 5-30-25
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: ROOF CORE, FLASHING & PENETRATION TAR, STUCCO, FLOOR TILE & MASTIC, JOINT COMPOUND, WALLBOARD SYSTEM, CARPET & ADHESIVE, CEILING TILE, CUM MORTAR, WALL PLASTER ... - PLM -				
VII. QUANTITY OF RACM TO BE REMOVED: 9x9 FLOOR TILE & MASTIC-2000 sq.ft. / SHEETROCK JOINT COMPOUND -				
Pipes (LN FT):		Surface Area (SQ FT): 1500	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: 10-28-24			Complete: 11-5-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: UNKNOWN			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
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, NEG. AIR, CONTAINMENT		
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: WASTE PRO -KEMPER CO. 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)	10-14-24 (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
BILLY SHUMATE CONST. Type or Print Name	 (Signature of Owner/Operator)	10-14-24 (Date)