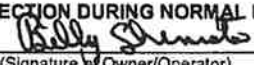
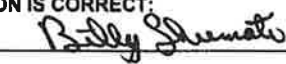


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 5/06/2025		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: HOUSE - RESIDENTIAL								
Address 5931 DALE DRIVE								
City: MARION			State: MS		Zip: 39342		County: LAUDERDALE	
Site Location: 5931 DALE DRIVE					Tel: 601-483-9573			
Building Size 1300 S.F.			# of Floors: 1		Age in Years: 65			
Present Use: VACANT			Prior Use: RESIDENTIAL					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)								
OWNER NAME: TOWN OF MARION								
Address: 6021 DALE DRIVE								
City: MARION			State: MS		Zip: 39342			
Contact: MAYOR LARRY GILL			Tel: 601-483-9573					
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. 2nd 2025			
OTHER OPERATOR: LAUDERDALE COUNTY - ROAD UNIT								
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: 5-1-25			
Inspector: PAUL ANDERSON			Certification Number: ABI-00001686		Expiration Date: 5-31-25			
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: VINYL FLOORING, INSULATION, DRYWALL, TEXTURE, SIDING, WINDOW CAULKING, CEILING TILE, FLOOR TILE & MASTIC, WINDOW PUTTY,  PLM per contractor 5/9/2025								
VII. QUANTITY OF RACM TO BE REMOVED: 1300 S.FT. TRANSITE SIDING								
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: 5-27-25					Complete: 5-29-25			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: UNKNOWN					Complete:			

RETURN EMAIL to billyshumate@yahoo.com

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
DEMO OF STRUCTURE BY EXCAVATOR		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
WET METHOD, DOUBLE BAGGING, PLASTIC GROUND AREA		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: BILLY SHUMATE CONSTRUCTION		
Address: P.O. BOX 4279		
City: MERIDIAN	State: MS	Zip: 39301
Contact Person: BILLY SHUMATE	Tel: 601-934-9337	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: WASTE PRO -KEMPER CO.		
Address: 21211 HWY 16 E.		
City: DEKALB	State: MS	Zip: 39328
Contact Person: PAMILA	Tel: 601-743-4310	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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.</b>		
<b>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.</b>		
BILLY SHUMATE CONSTRUCTION		5-5-25
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
BILLY SHUMATE CONSTRUCTION		5-5-25
Type or Print Name	(Signature of Owner/Operator)	(Date)