
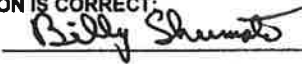


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 5959 DALE DRIVE							
City: MARION		State: MS		Zip: 39342		County: LAUDERDALE	
Site Location: 5959 DALE DRIVE				Tel: 601-483-9573			
Building Size 1400 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:				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, 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: 5-23-25				Complete: 5-26-25			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: UNKNOWN				Complete:			

RETURN EMAIL to billyshumate@yahoo.com

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
DEMO OF STRUCTURE 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, PLASTIC GROUND AREA		
XIII. WASTE TRANSPORTER #1		
Name: BILLY SHUMATE CONSTRUCTION		
Address: P.O. BOX 4279		
City: MERIDIAN	State: MS	Zip: 39301
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.		
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.		
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 CONSTRUCTION		5-5-25
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
BILLY SHUMATE CONSTRUCTION		5-5-25
Type or Print Name	(Signature of Owner/Operator)	(Date)