MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 Mail notification to: Date Received 5/06/2025 Postmark (mail only) -0-I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) -D-II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Bidg. Name: HOUSE - RESIDENTIAL Address 5950 CONFEDERATE DRIVE County: LAUDERDALE City: MARION State: MS Zip: 39342 Tel: 601-483-9573 Site Location: 5950 CONFEDERATE DRIVE Building Size 1200 S.F. Age in Years: 65 # of Floors: 1 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 Zip: 39342 State: MS Tel: 601-483-9573 Contact: ASBESTOS REMOVAL CONTRACTOR: BILLY SHUMATE CONSTRUCTION Address: P.O. BOX 4279 Zip: 39304 City: MERIDIAN State: MS Tel: 601-934-9337 Contact: BILLY SHUMATE Expiration Date: AUG. 2nd 2025 Certification Number: ABC-00001893 OTHER OPERATOR: LAUDERDALE COUNTY - ROAD UNIT Address: State: Zip: City: Tel: Contact: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): 5-1-25 WAS ASBESTOS PRESENT? (Yes/No): YES Inspection Date: Certification Number: ABI-00001686 Inspector: PAUL ANDERSON Expiration Date: 5-31-25 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: VINYL FLOORING, INSULATION, DRYWALL, TEXTURE, ROOFING SINGLE, SIDING, CAULKING PLM per contractor 5/9/2025 VII. QUANTITY OF RACM TO BE REMOVED: 1200 S.FT. TRANSITE SIDING Volume of Facility Components (CU FT): Pipes (LN FT): Surface Area (SQ FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category II: Category I: Complete: 5-23-25 IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-20-25 **UNKNOWN** X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

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	Zic	39301	
Contact Person: BILLY SHUMATE			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	Ziţ	_{3:} 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:				
The state of the s				
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS 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				
	nature of Owner/Operator)		(Date)	
SILLY SHUMATE CONSTRUCTION S-5-25			5-5-25	
Type or Print Name (Si	(Signature of Owner/Operator)		(Date)	