

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMMail 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 09-24-2024	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: OLD MCGINNIS LUMBER CO.				
Address 1011 62nd AVE. SOUTH				
City: MERIDIAN		State: MS	Zip: 39301	County:
Site Location: 1011 62nd AVE. SOUTH office area / Roof per contractor			Tel:	
Building Size 11,250		# of Floors: 1	Age in Years: 88	
Present Use: VACANT		Prior Use: BUILDING MATERIAL SUPPLY CO.		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MERIDIAN AIRPORT AUTHORITY				
Address: 2811 AIRPORT BLVD.				
City: MERIDIAN		State: MS	Zip: 39307	
Contact: TOM WILLIAMS			Tel: 769-760-6037	
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: CULLUM CONSTRUCTION - DEMOLITION				
Address: 7748 US 45				
City: MERIDIAN		State: MS	Zip: 39305	
Contact: KODY CULLUM			Tel: 601-350-0145	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 8-19-24	
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: WINDOW CAULK, FOOR SHINGLE, FLOORING FELT PAPER, CEILING MATERIALS, 12X12 FLOOR TIE & MASTIC, LINOLEUM, WALLPAPER, CARPET PAD& GLUE, DROP CEILING, FLOOR TILE, DRYWALL, CEILING TEXTURE, JOINT COMPOUND, ROOF COMPOSITE,, - PLM -				
VII. QUANTITY OF RACM TO BE REMOVED: 1212 sq. ft. FLOOR TILE - MASTIC / 700 sq.ft. ROLL ROOFING				
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: 10-15-24			Complete: 10-18-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-21-24			Complete: 11-12-24	

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

XIII. WASTE TRANSPORTER #1 ASBESTOS.

Name: BILLY SHUMATE

Address: P.O. BOX 4279

City: MERIDIAN

State: MS

Zip: 39304

Contact Person: BILLY SHUMATE

Tel: 601-934-9337

WASTE TRANSPORTER #2 DEMOLITION DEBRIS,

Name: CULLUM CONSTRUCTION

Address: 7748 US 45

City: MERIDIAN

State: MS

Zip: 39305

Contact Person: KODY CULLUM

Tel: 601-350-0145

XIV. WASTE DISPOSAL SITE For ASB.

Name: WASTE PRO - KEMPER CO LANDFILL

Address: 21211 HWY 16 E.

City: DeKALB

State: MS

Zip: 39328

Contact Person: PAMELA HOMES

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 CONST.

Type or Print Name

(Signature of Owner/Operator)

9-24-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BILLY SHUMATE CONST.

Type or Print Name

(Signature of Owner/Operator)

9-24-24

(Date)