MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

		Branch, 515 E. /			Al Number	
MDEQ Use Only: Email Mail Hand Delivery	Postmark (mail	2/6/2025				
I. Type of Notification (O=Original R=Revise	ed C=Canceled A=	Annual) -O-				
II. TYPE OF OPERATION (D=Demo O= Oro	dered Demo R=Rer	novation E=Emer. Re	enovation)	-R-		
III. FACILITY DESCRIPTION (Include building	ng name, number a	nd floor or room nun	nber)			
Bldg. Name: BONITA PROPERTIES						
Address 1601 14TH STREET SUIT	E B			20204	LAUDERDALE	
City: MERIDIAN		State: MS		Zip: 39301	County: LAUDERDALE	
Site Location: 1601 14TH ST., MERID			Tel: 601-604-0013			
Building Size 600 SQ FT.		# of Floors: 1		Age in Years: 40		
Present Use: VACANT	esent Use: VACANT Prior Use: OFFICE					
IV. FACILITY INFORMATION (Identify owner	er, asbestos remov	al contractor, and ot	her operato	or)		
OWNER NAME: DREW GUNN	- BONITA F	PROPERTIE	S			
Address:		140		20201		
City: MERIDIAN		State: MS		Zip: 39301		
Contact: DREW GUNN CONTRACTOR: BILLY SHUMATE CONSTRUCTION			TION	Tel: 601-604-0013		
ASBESTOS REMOVAL CONTRACTOR.	BILLY SHUMA I	ECONSTRUC	IION			
Address: P.O. BOX 4279		110		30304		
City: MERIDIAN		State: MS		Zip: 39304		
Contact: BILLY SHUMATE			1] [6].	2nd 2025	
Certification Number: ABC - 0000189	3		Expirati	on Date: AGG.	2110 2023	
OTHER OPERATOR:						
Address:						
City:		State:		Zip:		
Contact: Tel: NO						
V. WAS SITE INSPECTED TO DETERMIN	IE PRESENCE OF	ASBESTOS? (Yes	/NO).			
WAS ASBESTOS PRESENT? (Yes/No): PRESUMED ACM			Inspec	Inspection Date:		
Inspector: VI. SUSPECT MATERIALS SAMPLED AT PRESUMED ACM - 93	ND PROCEDURES	on Number: USED TO DETECT ILE AND MAS	THE PRE	Expiration	on Date: ITOS MATERIAL:	
VII. QUANTITY OF RACM TO BE REMO	VED: 450 sq.f	t. FLOOR TIL	E AND	MASTIC		
D. (ALET)	Surface Area				Components (CU FT):	
Pipes (LN FT):						
VIII. QUANTITY OF NONFRIABLE ASBE	STOS HOT KEMIC	7	Categ	orv II:		
Category I:	EMOVAL (MM/DDA	VV) Start: 2-20			Complete: 2-23-25	
IX. SCHEDULED DATES ASBESTOS RE		2 25 21	5		Complete: 3-10-25	
X. SCHEDULED DATES DEMO/RENOV/	ATION (MM/DD/YY) Start:	-		- Campional	

XI. DESCRIPTION OF PLANNED DEMOLITION OR I			ED:		
REPLACE FLOOR TILE WITH NEW FLO	OOR TILE IN OFFICE				
XII. DESCRIPTION OF WORK PRACTICES AND END DEMOLITION OR RENOVATION SITE:			T EMISSIONS OF ASBESTOS AT THE		
WET METHOD, DOUBLE BAGG	ING , NEG. AIR ,				
XIII. WASTE TRANSPORTER #1					
Name: BILLY SHUMATE CONSTRUCTION	N				
Address: P.O. BOX 4279					
City: MERIDIAN	State: MS	Zip: 3930	04		
Contact Person: BILLY SHUMATE		Tel: 601-	934-9337		
WASTE TRANSPORTER #2					
Name:					
Address:					
City:	State:	Zip:			
Contact Person:		Tel:	Tel:		
XIV. WASTE DISPOSAL SITE	VA ANDEU I				
Name: WASTE PRO - KEMPER COUNT	Y LANDFILL				
Address: 21211 HHWY 16 EAST	140	3033	08		
City: DEKALB	State: MS	Zip: 3932	Zip: 39328 Tel: 601-743-4310		
Contact Person: MS PAMILA					
XV. IF DEMOLITION ORDERED BY A GOVERNME	NT AGENCY, PLEASE IDE	l l	LOW:		
Name:	Title:				
Authority:					
Date of Order (MM/DD/YY):	Da	ate Ordered to Begin (MM	/DD/YY):		
XVI. FOR EMERGENCY RENOVATIONS:					
Date and Hour of Emergency (MM/DD/YY): Description of the sudden unexpected event:					
Description of the sudden unexpected event.					
Explanation of how the event caused unsafe condition	ons or would cause equipme	ent damage or an unreaso	nable financial burden:		
Explanation of now the event caused drivate condition		-			
XVII. DESCRIPTION OF PROCEDURES TO BE FOR NONFRIABLE ASTESTOS MATERIAL BECOMES AS PER MDEQ REGULATIONS	CRUMBLED, PULVERIZE	D, OK KEDOOLD TO TO	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED ONSITE DURING THE DEMOLITION OR RENOV. THIS PERSON WILL BE AVAILABLE FOR INSPE			CFR PART 61, SUBPART M) WILL BE AINING HAS BEEN ACCOMPLISHED BY 2-6-25		
I IUI2 LEKZOM ANET DE VAVIENDES : ON MAN	CINIA DOKING PAKMAL				
BILLY BITOINTILE CONTON		wale.	(Date)		
Type or Print Name (XIX. I CERTIFY THAT THE ABOVE INFORMATION	Signature of Owne (Operator)	unet			
Type or Print Name	Signature of Owne (Operator)	umets	(Date)		