

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.
 Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE: Original Revision Canceled
 Annual Info. Only

II. TYPE OF PROJECT: Renovation Demolition
 Ordered Demolition Emergency Renovation

III. SITE INFORMATION: Name: CITIZENS NATIONAL BANK
 Description: BANK BUILDING
 Address: 512 22nd AVE.
 City: MERIDIAN County: LAUDERDALE State: MS. ZIP: 39301
 Contact Person: ALLEN CLODFELTER Telephone: 601-693-1331

IV. OWNER INFORMATION: Name: CITIZENS NATIONAL BANK
 Full Mailing Address: 512 - 22nd AVE., MERIDIAN, MS. 39301
 Contact Person: ALLEN CLODFELTER Telephone: 601-693-1331

V. ASBESTOS REMOVAL CONTRACTOR: Name: BILLY SHUMATE CONSTRUCTION
 Certification No.: ABC-00001893 Expiration Date: SEPT. 7th 2017
 Full Mailing Address: P.O. BOX 4279, MERIDIAN, MS. 39304
 Contact Person: BILLY SHUMATE Telephone: 601-693-3207

VI. CONTRACTOR (Other): Name: PIERCON
 Full Mailing Address: 23 - LIBERTY PLACE, HATTIESBURG, MS. 39402
 Contact Person: _____ Telephone: 601-264-7437

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
 Removal Project Start: 5/20/17 Removal Project Stop: 6/18/17
2-12-18 2-18-18 → 2nd phase of project.

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
 Project Start: 6/2/17 Project Stop: 8/17/17 Prep. Date: / /

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 42,000 Bldg. Size (LN FT): _____
 No. of Floors: 5 Age in Years: 55
 Present Use: BANK BUILDING Prior Use: _____

X. ASBESTOS INSPECTION:
 Was site inspected to determine presence of asbestos: Yes No
 Inspection Date: 11/14/16 Asbestos Present? Yes No
 Inspector: MR. DON COOLEY Cert. No.: ABT-00001363 Expiration Date: MARCH 24, 2017
 Identify suspect materials sampled: floor tile, plaster, spray fireproofing, ceiling tiles
 Laboratory Analysis: TEM _____ PLM XX Other _____
 Name of Laboratory: _____

XI. QUANTITY OF RACM TO BE REMOVED:
 Pipes (LN FT) _____ Surface Area (SQ FT) 11,550 3500 S.f. Surface Area
 Volume of Facility Components (CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS _____ NOT REMOVED _____ TO BE REMOVED:
 Category I: _____ Category II: _____

XIII. WASTE TRANSPORTER: Name: BILLY SHUMATE CONST.
 Full Mailing Address: P.O. BOX 4279, MERIDIAN, MS. 39304
 Contact Person: BILLY SHUMATE Telephone: 601-693-3207

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: PINERIDGE LANDFILL, WASTE MANAGEMENT
 Physical Location: 520 MURPHY ROAD, MERIDIAN, MS.
 Full Mailing Address: 520 MURPHY ROAD, MERIDIAN, MS. 39301
 Contact Person: JUSTIN CULPEPPER Telephone: 601-483-0715
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: H.E. MOSLEY RUBBISH LANDFILL
 Physical Location: WILLOW LAKE ROAD
 Full Mailing Address: P.O. BOX 337, MARION, MS. 39342
 Contact Person: PHIL MOSLEY Telephone: 601-934-2027
 *All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):

<input checked="" type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

REMOVAL OF SPRAY ON INSULATION FROM
STEEL BEAMS, FOR RENOVAION OF BUILDING ON
THREE FLOORS OF STRUCTURE.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

AS PER D.E.Q. REQUIREMENTS
 *Will MDEQ be notified of any significant changes? Yes () No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:

Name: _____ Title: _____
 Authority: _____
 Date of Order: _____ Date Demolition to Begin: ____/____/____

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ____/____/____ Time: _____
 Description of the sudden, unexpected event: _____

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden: _____

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.
BILLY SHUMATE, CONTRACTOR

Billy Shumate 5-5-17
 Signature Date
Billy Shumate 2-12-18

MAIL TO: Office of Pollution Control
 P.O. Box 2261
 Jackson, MS 39225
 (601) 961-5171

Physical Address: 515 Amite Street
 Jackson, MS 39201