



**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 07-11-2023	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: VET CLINIC and STORES				
Address: 4701 POPLAR SPRINGS DRIVE				
City: MERIDIAN		State: MS	Zip: 39301	
Site Location: 4701 POPLAR SPRINGS DRIVE			Tel: 601-693-3207	
Building Size: 6000 S.FT.		# of Floors: 1	Age in Years: 57	
Present Use: VACANT		Prior Use: VET CLINIC and STORES		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: CHARLIE BEDDINGFIELDs PERFECTION COLLISION CENTER				
Address: 4712 24th PL.				
City: MERIDIAN		State: MS	Zip: 39305	
Contact: CHARLIE BEDDINGFIELD			Tel: 601-581-5676	
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. 19th 2023	
OTHER OPERATOR:				
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: MAY 12, 2023	
Inspector: DON COOLEY		Certification Number: ABI-00001363	Expiration Date: 1-13-24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: LINOLEUM & GLUE, CEILING TILE, CARPET & GLUE, SHEETROCK - JOINT COMPOUND, FLOOR TILE AND MASTIC, CEILING TEXTURE, ROLL ROOFING, ROOFING TARS, WINDOW CAULK, CERAMIC GROUT,,,, -PLM-				
VII. QUANTITY OF RACM TO BE REMOVED: WINDOW CAULK , 90 LIN. FT.				
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: 7-25-23			Complete: 7-26-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-26-23			Complete: 8-10-23	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> TOTAL DEMOLITION OF STRUCTURE , EXCAVATOR		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> WET METHOD, REMOVAL OF WINDOWS INTACT		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: BILLY SHUMATE CONSTRUCTION		
Address: P.O. BOX 4279		
City: MERIDIAN	State: MS	Zip: 39304
Contact Person: BILLY SHUMATE	Tel: 601-934-9337	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: WASTE PRO, KEMPER CO, LANDFILL		
Address: 21211 HWY 16 E.		
City: DEKALB	State: MS	Zip: 39328
Contact Person:	Tel:	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b> AS PER MDEQ REQUIREMENTS		
<b>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.</b>		
BILLY SHUMATE CONST.		7-11-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
BILLY SHUMATE CONST.		7-11-23
Type or Print Name	(Signature of Owner/Operator)	(Date)