

NAVARRO COUNTY AUDITOR'S OFFICE

 Natalie Robinson, First-Assistant Patty Wells, Assistant Lisa Clay, Assistant 300 W 3rd Ave., Suite 4

 Terri Gillen, County Auditor

 Corsicana, TX
 75110
 Krystal McCollum, Assistant

 Phone: (903) 654-3095
 e-mail_auditor@navarrocounty.org
 Fax. (903) 654-3097

INTEROFFICE MEMO

The attached item is being returned for the following reasons:

- Y Item incurred before purchase order issued
- u Purchase order number is inconsistent with invoice
- u Amount billed does not match the purchase order
- Vendor on purchase order does not match invoice
- Insufficient documentation to process payment
- □ Signature or date not present
- u System shows invoice paid
- Budget Account Number (Line Item) is missing Acct #____
- Insufficient budget in Line Item
- Payment Request inconsistent with County Policy
- ⊔ Other

Please provide the additional documentation or explanation necessary to process this payment request. This notice must remain attached to the payment request.

Not ReqUESTED / Adult trobation. Additional explanation: 70

The Department Head or Elected or Appointed Official must sign this form confirming notification that the Navarro County Purchasing Policy was not followed on this purchase.

nature

10-13-2023

Corsicana Sheet Metal Co Inc.

Invoice

	1 in	1º.O. Box Corsican		5151						Date	Invoice #
	-			0.00					8	/30/2023	65967
	Bill T	ō			and in the part			Ship To			
	312 W 3	NAVARRO COUNTY AUDITORS 112 W 2ND AVE CORSICANA. TEXAS 75110				RECEIVED SEP 05 2023 NAVARRO COUNTY AUDITOR'S OFFICE					
P.Q.	. Number	-	Ferms	R	ер	Ship	Via	F.	О.В.		Project
ADU	ILT PROB					8/30/2023					
Qua	antity	Item Co	ode		J.	Description	1		Price Ea	ch	Amount
		САРАСТТО	X	NED 5 CAPAC Out-of-sta		e. exempt from sales ta				15.00 0.00%	15.001
	Ph	one #	F	Fax #		E-mail			Total		\$115.00
		872-8434		A 17219F		corsicanaair@ea					



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Additional explanation:

The Department Head or Elected or Appointed Official must sign this form confirming notification that the Navarro County Purchasing Policy was not followed on this purchase.

Date

Signature

Texas Department of State Health Services

Asbestos Notification Program PO Box 149347 Austin, Texas 78714-9347

September 01, 2023

NAVARRO COUNTY COURTHOUSE AUDITOR'S OFFICE MR. TRAVIS DEMPSEY, PROJECT MANAGER 300 W. 3RD AVE CORSICANA TX 75110

Asbestos Abatement/Demolition Notification Fee Invoice

Attention Facility Owner:

This invoice is for payment of an Asbestos Abatement/Demolition Notification submitted to the Department for the facility listed below. Payment must be received by the Department no later than the due date. Failure to pay the fee by the due date will result in the matter being referred to the Enforcement Unit for collection of the fee amount, and assessment of an administrative penalty for noncompliance with the Texas Asbestos Health Protection Rules. For more information on the basis for Asbestos Notification fees go to <u>http://www.dshs.state.tx.us/asbestos/rules.shtm</u> to access the Texas Asbestos Health Protection Rules 295.61(j).

Facility:Vacant ResidenceDescription:ThroughoutLocation:521 N. 14th St, C		ce CORSICANA TX 75110	C	m		
Notification N	umber:	2023003106		- VIVE		
ARU:		27	11	SEP 07 2022		
Amount Due:		\$835.00	4	NAVARRC COUNTY AUDITOR'S OFFICE		
Date Due:		November 01, 2023		CR'S OFFICE		

Fee Calculation: \$30 /ARU – Min. Fee = \$55 or Max. Fee = \$3,210 + 3% + Fractional Dollar

Payment can be made online at: <u>https://vo.ras.dshs.state.tx.us</u>. If you are mailing payment in, credit cannot be given unless coupon and payment are returned together in color coded envelope provided. DO NOT combine fees for other notifications, accounts or programs. Make check/money order payable to: Department of State Health Services and mail to the lockbox address listed on the coupon below. *If original pink color coded envelope is not available, mail to: Cash Receipts Branch, MC 2003, Department of State Health Services, PO Box 149347, Austin, TX 78714.* If you have questions regarding this invoice please call the Notifications Group at: (512) 834-6747.

DETACH AND MAIL WITH THE APPROPRIATE FEE Payment MUST be accompanied with Coupon and Envelope.

CUT ALONG THIS LINE						
Texas Department of State Health Services	Notification #: Budget/Fund/RTI: Amount:	2023003106 ZZ111/178 RTI317510 \$835.00				
Billed: September 01, 2023	Due: Application #:	November 01, 2023 160329				
NAVARRO COUNTY COURTHOUSE AUDITOR'S OFFICE						
MR. TRAVIS DEMPSEY, PROJECT MANAGER						
300 W. 3RD AVE						
CORSICANA TX 75110	1					
	1					
LOCKBOX - DSHS ASBESTOS/ DEMOLITION NOTIFICATION PO BOX 12190 AUSTIN, TX 78711-2190						
Please Do Not Write Below This Line. For Office Use Only						

0 0017 120010000100329000 00 00083500 6

Asbestos Abatement/Demolition Notification Fees FAQ (Frequently Asked Questions)

What is the purpose of the Asbestos Abatement/Demolition Notification and why did l receive an invoice?

The purpose of the Asbestos Abatement/Demolition Notification and associated fee is to enable the Department of State Health Services (the Department) to inspect the project for compliance with the state and federal asbestos regulations, which set minimum licensing and work practice standards that are needed to establish the means of control and minimization of public exposure to airborne asbestos fibers, a known carcinogen and dangerous health hazard.

The Department's Asbestos Abatement/Demolition Notification combines the requirements of the National Emission Standards for Hazardous Air Pollutants, 40 CFR, Subpart M (NESHAP) and the Texas Asbestos Health Protection Rules (TAHPR), Title 25 of the Texas Administrative Code, Chapter 295, Subchapter C. These regulations require that notification be submitted before beginning renovation projects which include the disturbance of any asbestos-containing building material in a public building or the disturbance of the NESHAP threshold amount of asbestos-containing material in a facility. A notification is also required to be submitted before the demolition of a building or facility, even when no asbestos is present. The TAHPR, Section 295.61(j) establishes that the building owner is required to pay a notification fee that is based upon the amount of asbestos removed, with a minimum fee of \$55.00 and a maximum fee of \$3210 and a 3% subscription fee per original notification. An invoice for the required fee is sent to the building owner at the end of the notified project. Invoices are generated 30-45 days after the project end date and mailed to the facility owner.

Who pays for the invoice?

The facility owner is responsible for the payment of the required notification fee. The task may be delegated to an agent, but the facility owner is solely responsible for timely and sufficient payment. Failure to pay the fee by the due date will result in the matter being referred to the Enforcement Unit for collection of the fee amount and assessment of an administrative penalty for noncompliance with the Texas Asbestos Health Protection Rules. For more information on the basis for Asbestos Notification fees go to <u>http://www.dshs.state.tx.us/asbestos/rules.shtm</u> to access the Texas Asbestos Health Protection Rules 295.61(j).

What are the payment options?

There are 2 options to pay your invoice.

- 1. You may pay your invoice online at https://vo.ras.dshs.state.tx.us using the instructions below.
 - a. You will need to be registered as a user to access the online payment option.
 - b. Once you are logged in, you will select "Pay Notification Invoice" located at the bottom of the screen.
 - c. On the invoice search screen, enter only the notification number and click on "Search". This should bring up a screen with the notification information listed.
 - d. Click the select box and then select your payment type (Credit Card or ACH) then you may enter your payment information.
- If you do not want to pay your invoice online, payment can be made by check or money order made payable to: Department of State Health Services and mailed in the pink color coded envelope to the lockbox address listed on the coupon. If you do not have the pink color coded envelope, mail the payment to the following address:

Cash Receipts Branch, MC 2003 Department of State Health Services PO Box 149347 Austin, TX 78714-9347