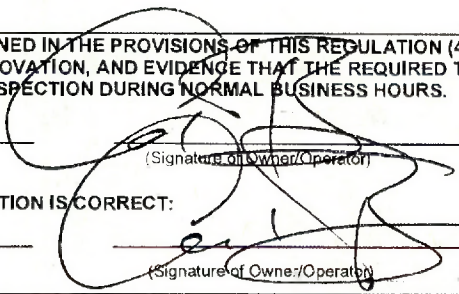
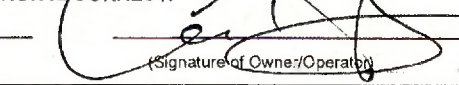


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 5-9-2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): C				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Mississippi Toughest Kids				
Address: 123 E. Georgetown St.				
City: Chrystal Springs		State: MS	Zip: 39059	
Site Location: 1st Floor Offices			Tel: 601-892-1117	
Building Size: 3,000 SF		# of Floors: 2	Age in Years: 70	
Present Use: Office		Prior Use: Office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Same as above				
Address:				
City:		State:	Zip:	
Contact: Dan Kitchens			Tel: 601-892-1117	
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.				
Address: PO Box 15925				
City: Hattiesburg		State: MS	Zip: 39404	
Contact: William H. Stamps			Tel: 601-264-5550	
Certification Number: ABC-00001660			Expiration Date: 10/20/2022	
OTHER OPERATOR: Servpro of Laure.				
Address: 5141 Hwy 84 W				
City: Laurel		State: MS	Zip: 39443	
Contact: Debra Cook McLain			Tel: 601-425-0119	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No): Yes -			Inspection Date: N/A	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Client presumes flooring to contain asbestos				
VII. QUANTITY OF RACM TO BE REMOVED: 2,100 SF Floor Tile and Mastic				
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: Cancelled			Complete: Cancelled	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of floor tile and mastic prior to flooring project.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Containment will be established with poly critical barriers with negative air. All ACM will be wetted and removed. Waste will be placed in clear, labeled, poly bags and placed in properly lined container for disposal.		
XIII. WASTE TRANSPORTER #1		
Name: Specialty Abatement Services, Inc.		
Address: PO Box 15925		
City: Hattiesburg	State: MS	Zip: 39404
Contact Person: William H. Stamps	Tel: 601-264-5550	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Pine Belt Regional Landfill		
Address: Hwy 29 N.		
City: Runnelstown	State: MS	Zip: 39465
Contact Person: James A. "Tony" Harrison, MBA	Tel: 601-545-6676	
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
All work will stop. MDEQ will be notified.		
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.		
Anthony Bryant		5/9/22
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Anthony Bryant		5/9/22
Type or Print Name	(Signature of Owner/Operator)	(Date)