



**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**

Materials listed above will be removed by hand so facility can be renovated.

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

Materials will be wetted before/during/after abatement, packaged, labeled and transported to a certified landfill.

**XIII. WASTE TRANSPORTER #1**

Name: Snyder Environmental & Construction, LLC

Address: 7705 Northshore Place

City: North Little Rock

State: AR

Zip: 72118

Contact Person: Justin Dixon

Tel: 501-801-2776

**WASTE TRANSPORTER #2 N/A**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Two Pine Landfill

Address: 100 Two Pine Drive

City: North Little Rock

State: AR

Zip: 72117

Contact Person: N/A

Tel: 501-982-7336

**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:

N/A

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

N/A

**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:**

Wet the unexpected, make safe and notify DEQ.

**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.**

Barbara McElroy

Type or Print Name

*Barbara McElroy*

(Signature of Owner/Operator)

5/18/2022

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Barbara McElroy

Type or Print Name

*Barbara McElroy*

(Signature of Owner/Operator)

5/18/2022

(Date)