Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 Al Number Postmark (mail only) MDEQ Use Only: □Mail Hand Delivery □Email I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): III. FACILITY DESCRIPTION (Include building name, number and floor or room number): M5 State: same as above Site Location: Age in Years: 50 Prior Use: IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) 39201 Tel: (001) 500 - 1508 601) 383-3237 00002924 Zip: 39215 MS V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): Certification Number: ABI-0000 7023 Expiration Date: ERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Polarized Light Microscopy Transite/Cementous siding VII. QUANTITY OF RACM TO BE REMOVED: Surface Area (SQ FT): 800 5g . + Volume of Facility Components (CU FT): Pipes (LN FT): **VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:** Category I: Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 912 2622 Complete: X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

XI. DESCRIPTION OF PLANNED DEMOLITION OR REN	IOVATION WORK, AND MET	THOD(S) TO BE USED:
Demolition		
All DESCRIPTION OF WORK PRACTICES AND ENGINE DEMOLITION OR RENOVATION SITE:	EERING CONTROLS TO BE	USED TO PREVENT EMISSIONS OF ASBESTOS AT THE
Wet Method XIII. WASTE TRANSPORTER #1		
Name: Bestway Abatemen	+	
Address: 222 Vicksburg St. 1	P.O. BOX 88	
City: Edwards	State: M-S	zip: 39664
Contact Person: Agron Lee	Otato. JVE	Tel: 601) 383-3237
WASTE TRANSPORTER #2		Tel: (601) 3 8 3 3 4 3 7
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		T G.
Name: Little Dixie Landfil		
Address: 1716 N County Lin	e Rd.	
city: Ridgeland	State: M.S	zip: 39167
Contact Person:		Tel: (401) 982 - 9488
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AG	ENCY, PLEASE IDENTIFY T	
Name:	Title	
Authority:		
Date of Order (MM/DD/YY):	Date Order	ed to Begin (MM/DD/YY):
XVI. FOR EMERGENCY RENOVATIONS:		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
Evaluation of house.		
Explanation of how the event caused unsafe conditions or we	ould cause equipment damage	e or an unreasonable financial burden:
XVII DESCRIPTION OF PROCEDURES TO BE FOUNDED.		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWE NONFRIABLE ASTESTOS MATERIAL BECOMES CRUME	D IN THE EVENT THAT UNE SLED, PULVERIZED, OR REI	EXPECTED ASBESTOS IS FOUND OR PREVIOUSLY DUCED TO POWDER:
Stop and Call DEG	PROVISIONS OF THE PRO	
ONSITE DURING THE DEMOLITION OR RENOVATION, AI THIS PERSON WILL BE AVAILABLE FOR INSPECTION D		ULATION (40 CFR PART 61, SUBPART M) WILL BE EQUIRED TRAINING HAS BEEN ACCOMPLISHED BY 5 HOURS.
Acron bee Type or Print Name	(Signature of Owner/Operator	911 2022 (Date)
XIX I CERTIFY THAT THE ABOVE INFORMATION IS COR	RECT:	7.00
Haron Lee	dawy	9/1/2022
Type or Print Name	(Signature of Owner/Operator	r) (Date)