MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM
Mail notification to: MDEO Ashestos and Load Branch 515 B. Andrea Co.

MDEQ Use Only: Postmark (mail only) □Email □Mail land Delivery I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): RECEIVED 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): G Dept. of Environmental Quality State: Site Location: 50MP. QS above. Tel: Age in Years: 50 # of Floors: Present Use: Prior Use: IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) Zip: 39201 State: Tel: 600 500-1508 rame CONTRACTOR: BEST WO Tel: 601) 383-3237 Contact: BC-00002924 **Expiration Date:** roperties. zip: 39215 State: Tel: 600 529-0222 V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): Inspection Date: Certification Number: ABI-DDDD 2023 Expiration Date: ERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Polarized Light Microscopy VII. QUANTITY OF RACM TO BE REMOVED: 750 sq. ++ 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: Complete: 9 X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Vemolition		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Wet Method XIII. WASTE TRANSPORTER #1		
Name: Bestway Abotement		
	D.,, 90	
Address: 222 Vicksburg St / P.O.	110	20011
1	State: MS	zip: 39066
10 2017.58.5 58.01		
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: Little Dixie Landfill Address: 1716 N County Line Rd.		
D. 1 1	A 4	
City: Kidgeland	State: M5	zip: 39157
Contact Person:		Tel: (601) 982-9488
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:		
2-2-3. Pass of the Sadden discipleded event.		
Explanation of how the event coursed upgets conditions are usually assets.		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVII. DESCRIPTION OF PROCEDURES TO BE FOUL OWED IN THE EVENT THAT UNDER THE THE THAT WAS INCOME.		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
Stop and Call DEQ		
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE ONSITE DURING THE DEMOLITION OR RENOVATION, A THIS PERSON WILL BE AVAILABLE FOR INSPECTION D	NII EVIDENCE TOAT TOE D	ULATION (40 CFR PART 61, SUBPART M) WILL BE EQUIRED TRAINING HAS BEEN ACCOMPLISHED BY S HOURS
Agron bee agen Les 9/1/2022		
Type or Print Name	(Signature of Owner/Operato	(Date)
Aaron Lee above information is correct. Land 200 all 21525		
Type or Print Name	(Signature of Owner/Operato	41118022
	(Cignature of Owner/Operato	(Date)