Mississippi Asbestos Demolition/Renovation Notification Form Mail notification to: MDEO Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEO Use Only: Postmar		ate Received Al Number		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Goodhaven Apartments				
Bldg, Name: Units A2 A4 B4 C2 C8 & E6				
Address: 94 Goodhaven Dr				
_{City:} Goodman	State: MS	Zip: 39079		
Site Location: Interior		Tel: 901-383-9077		
Building Size: unknown	# of Floors: unknown			
Present Use: Vacant Apts		Prior Use: Apt Building		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Blue Sky Restoration Contractors LLC				
Address: 7480 Bartlett Corporate Cove West				
City: Bartlett	State: TN	Zip: 38133		
Contact: Mike Scott		Tel: 901-383-9077		
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.				
Address: P.O. Box 343012				
City: Memphis	State: TN	Zip: 38184-3012		
Contact: William Stamps		Tel: 901-507-1203		
Certification Number: ABC00001660		Expiration Date: 10/20/2022		
OTHER OPERATOR: n/a				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes	lo): Yes Inspection Date: 04/21/2022			
Inspector: Marvinetta Cooper Certii	Certification Number: ABI-00010385 Expiration Date: 03/15/2023 ND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Flooring Renovation project only - materials sampled were floor tile and mastic Bulk sampling using plm methods				
VII. QUANTITY OF RACM TO BE REMOVED: 2556 sf VAT/2556 sf Mastic				
Pipes (LN FT): n/a Surface A	Area (SQ FT): 2556/2556	Volume of Facility Components (CU FT): n/a		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I: n/a Category II: n/a Category II: n/a				
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10 14/2022 10/11/2022 10/21/2022 10/21/2022				
x. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/14/2022 10/17/22 complete: 10/17/2022 10/21/22				

Removal of ACM using hand tools and w	VATION WORK, AND et methods	METHOD(S) TO BE USED:		
		BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE		
Splashguard containment, negative press				
XIII. WASTE TRANSPORTER #1 SASI	- The state of the	, onemical stripper, double bag waste		
Name: SASI Memphis		201597.2.16		
Address: 4009 Broadway Rd				
City: Bartlett	State: TN	Zip: 38135		
Contact Person: Dwight Grayson	State.	Tel: 901-507-1203		
WASTE TRANSPORTER #2 Waste Management Memphis				
Name: Waste Management Memphis		2 41%		
Address: 3750 Hatcher Circle		10 TANK 1		
City: Memphis	State: TN	zip: 38118		
Contact Person: Carlton Gibson	otato.	Tel: 901-331-7187		
XIV. WASTE DISPOSAL SITE WM The Tunica Landfill				
Name: WM The Tunica Landfill				
Address: 6035 Bowdre Rd		40		
City: Robinsonville	State: MS	Zip:		
Contact Person: Carlton Gibson		Tel: 901-331-7187		
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	NCY, PLEASE IDENTI	FY THE AGENCY BELOW:		
Name: n/a				
Authority: n/a		(1911 - A. P. 191		
Date of Order (MM/DD/YY): n/a Date Ordered to Begin (MM/DD/YY):				
XVI. FOR EMERGENCY RENOVATIONS: n/a				
Date and Hour of Emergency (MM/DD/YY): n/a				
Description of the sudden unexpected event:				
n/a				
Explanation of how the event caused unsafe conditions or wou n/a	ıld cause equipment da	amage or an unreasonable financial burden:		
	And the second			
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBL	IN THE EVENT THAT ED, PULVERIZED, O	UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY R REDUCED TO POWDER:		
All work will cease, workers will be remove				
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PI ONSITE DURING THE DEMOLITION OR RENOVATION, ANI THIS PERSON WILL BE AVAILABLE FOR INSPECTION DU William Stamps	D EVIDENCE THAT T	NESS HOURS.		
Type or Print Name	(Signature of Owner/Op	09/28/2022 (Date)		
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORR Amy Adams	Ca Hodge a	dan BI GHA RI 10/17/22		
Type or Print Name	(Signature of Owner/O	perator) (Date)		

Unit A2- 679 SF floor tile and mastic Unit A4- 506 SF floor tile and mastic Unit B4- 171 SF floor tile and mastic Unit C2- 458 SF floor tile and mastic Unit C8- 458 SF floor tile and mastic Unit E6- 284 SF floor tile and mastic