## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ-Use Only:  Mail □ Hand Delivery	Postmark (mail only)	Date Re	ceived . 2022	Al Number			
I. Type of Notification (O=Original R=Revised	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): R							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):							
Bldg. Name: Leigh Mall							
Address: 1404 Old Aberdeen Road							
City: Columbus	State: MS		Zip: 39705				
Site Location: Interior Units-Various			Tel: 662-386-1221				
Building Size: Appx 200,000 sq ft	# of Floors: 1		Age in Years: 50				
Present Use: Vacant	Prior Use: Re	Prior Use: Retail Shops					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Hull Property Group							
Address: 1190 Interstate Parkway				West of the sale of the			
City: Augusta State: GA			Zip: 30909				
Contact: Greg Hall			Tel: 706-755-6797				
ASBESTOS REMOVAL CONTRACTOR: EAC Environmental							
Address: 4546 Cal Steens Road							
City: Caledonia State: MS			<sub>Zip:</sub> 39740				
Contact: Ed Clay			Tel: 662-386-6386				
Certification Number: ABC 00005192		Expiration	Expiration Date: 12-06-22				
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	/AS ASBESTOS PRESENT? (Yes/No): <b>yes</b> Inspec		tion Date: 03-10-22				
Dispector: Steve Conner Certification Number: ABI-00002481 Expiration Date: 12-02-22							
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:  Drywall, Joint Compound, Acoustical tiles, Floor tile, and Mastic  Analyzed by PLM  VII. QUANTITY OF RACM TO BE REMOVED: 4,905sq ft 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: 11-10-22 Complete: 11-23-22							
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete:							

Address: 6447 Wahalak Road  City, Scooba  State: MS  Zip: 39358  Tel: 662-793-4795  XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name:  Title:  Authority:  Date of Order (MM/DD/YY):  Date of Order (MM/DD/YY):  Date of Order (MM/DD/YY):  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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  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.  Edward A. Clay  Type or Print Name  (Signature of Owner/Operator)  TO STATE AND 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.  Edward A. Clay  Type or Print Name  (Signature of Owner/Operator)  (Signature of Owner/Operator)	XI. DESCRIPTION OF PLANNED DEMOLITION OR RENO	VATION WORK, AN	D METHOD(S) TO	BE USED:				
XIL DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION STEE  Contain work area, Air Scrubbers, Wet method Removal, Double Bag in 6mil poly  XIII. WASTE TRANSPORTER #1  Name: EAC Environmental  Address, 4546 Cal Steens Road  City. Caledonia  State: MS  Zip. 39740  Contact Person: Ed Clay  WASTE TRANSPORTER #2  Name: Waste Pro  Address, 1600 12th Avenue South  City. Columbus  State: MS  Zip. 39701  Contact Person: RuthAnn Faris  XIV. WASTE DISPOSAL SITE  Name: ROBO Landfill  Address, 6447 Wahalak Road  City. Scooba  State: MS  Zip. 39358  Zip. 39358  Zip. 39358  Zip. 39358  Zip. 39358  XV. IP DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name:  Title:  Authority:  Date of Order (MMDDYY):  Date Ordered to Begin (MMDDYY):  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 NON-PRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PLUVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  XVIII. LICERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEWOLITON OR RENOVATION, AND EVIDENCE THAT THE REGUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ROMAN BUSINESS WILL BE AVAILABLE FOR INSPECTION DURING ROMAN BUSINESS WORK.  ZIP. 1021-22								
Contain work area, Air Scrubbers, Wet method Removal, Double Bag in 6mil poly  XIII. WASTE TRANSPORTER #1  Name: FAC Environmental  Address, 4546 Cal Steens Road  Cay, Caledonia State: MS Zip, 39740  Contact Person: Ed Clay Tel: 662-386-6386  WASTE TRANSPORTER #2  Name: Waste Pro  Address; 1600 12th Avenue South  Cap: Columbus State: MS Zip, 39701  Contact Person: RuthAnn Faris Tel: 662-328-5528  XV. WASTE DISPOSAL SITE  Name: RoBo Landfill  Address: 6447 Wahalak Road  City, Scooba State: MS Zip, 39358  Contact Person: Rolland Edmonds  XV. IP DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name: Title: 662-793-4795  XV. IF ORDEROLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name: Title: State: MINDOPYY):  Date of Order (MINDOPYY):  Date of Order (MINDOPYY):  Date and Hour of Emergency (MINDOPYY):  Description of the sudden unexpected event:  Explanation of how the event caused unserfe conditions or would cause equipment damage or an unreasonable financial burden:  XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASSESTOS IS FOUND OR PREVIOUSLY  NONDRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (80 CFR PART 61, SUBPART M) WILL BE  ONSITE DURING THE DEBONATION AND EVIDENCE THAT THE REGULATION (80 CFR PART 61, SUBPART M) WILL BE  ONSITE DURING THE DEBONATION OR RENOVATION, AND EVIDENCE THAT THE REGULATION (80 CFR PART 61, SUBPART M) WILL BE  CONSITE DURING THE DEBONATION OR RENOVATION, AND EVIDENCE THAT THE REGULATION (80 CFR PART 61, SUBPART M) WILL BE  CONSITE DURING THE DEBONATION OR RENOVATION, AND EVIDENCE THAT THE REGULATION (80 CFR PART 61, SUBPART M) WILL BE  CONSITE DURING THE DEBONATION DOES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  EACH AND AND ADDRESS AND ADDRESS AND A	(Various areas in the Mall., ref Dennis K	elly)						
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Name: EAC Environmental  Address, 4546 Cal Steens Road  City, Caledonia  State, MS  Zig. 39740  Tel: 662-386-6386  WASTE TRANSPORTER #2  Name: Waste Pro  Address, 1600 12th Avenue South  City, Columbus  State: MS  Zig. 39701  Contact Person: RuthAnn Faris  Tel: 662-328-5528  XIV. WASTE DISPOSAL SITE  Name: ROBO Landfill  Address, 6447 Wahalak Road  City, Scooba  State: MS  Zig. 39358  Zig. 39358  Zig. 39358  XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name:  Title:  Date of Order (MM/DD/YY):  XVI. FOR EMERGENCY RENOVATIONS:  Date and Hour of Emergency (MM/DD/YY):  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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEBONSTE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEBONSTE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEBONSTE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEBONSTE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEBONSTE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEBONSTE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEBONSTE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEBONSTE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEBONSTE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DURING THE DEBONSTE DURING THE DEBONSTE DURING THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSIT	다 마이크 아니는 아니는 그리고 아이들이 아니는 아이들이 되었다. 그 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이							
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Name: Waste Pro Address: 1600 12th Avenue South  City: Columbus  Contact Person: RuthAnn Faris  XIV. WASTE DISPOSAL SITE  Name: ROBo Landfill  Address: 6447 Wahalak Road  City: Scooba  Contact Person: Roland Edmonds  XVI. POEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name:  Name:  Title:  Authority:  Date of Order (MM/DD/YY):  Date of Order (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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  XVIII. I CERTIFY THAT AN INDIVIDUAL RAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONISTE DURING THE DEMOLITION AND EVIDENCE THAT THE REQUIRED TARINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.  Edward A. Clay  LEWARD A. Clay  10-21-22  (Date)  XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  EGWARD A. Clay  10-21-22  (Date)	Contact Person: Ed Clay							
Address: 1600 12th Avenue South  City: Columbus  State: MS  Zig: 39701  Tel: 662-328-5528  XIV. WASTE DISPOSAL SITE  Name: ROBO Landfill  Address: 6447 Wahalak Road  City: Scooba  State: MS  Zig: 39358  Tel: 662-793-4795  XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name:  Title:  Authority:  Date Order (MM/DD/YY):  Date of Order (MM/DD/YY):  Date of Order (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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  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.  Edward A. Clay  Type or Pinn Name  (Signature of Owner/Operator)  (Date)  XIX.I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  Edward A. Clay  10-21-22	WASTE TRANSPORTER #2							
City: Columbus  State: MS  Zip: 39701  Tel: 662-328-5528  XIV. WASTE DISPOSAL SITE  Name: ROBO Landfill  Address: 6447 Wahalak Road  City: Scooba  State: MS  Zip: 39358  Zip: 39358  Zip: 39358  Contact Person: Roland Edmonds  Tel: 662-793-4795  XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name:  Title:  Authorify:  Date of Order (MM/DD/YY):  ZVI. 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  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.  Edward A. Clay  Type or Pint Name  (Signature of Owner/Operator)  Type or Pint Name  XIX.I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  Edward A. Clay  10-21-22  (Date)	Name: Waste Pro							
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XIV. WASTE DISPOSAL SITE  Name: ROBO Landfill  Address: 6447 Wahalak Road  City: Scooba State: MS Zip: 39358  Contact Person: Roland Edmonds Tel: 662-793-4795  XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name: Title:  Authority:  Date of Order (MM/DD/YY):  Date of Order (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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULYERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  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.  Edward A. Clay  Type or Print Name  (Signature of Owner/Operator)  (Date)  XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  Edward A. Clay  10-21-22  (Date)	City: Columbus	State: MS	Zip:	39701				
Name: ROBO Landfill  Address: 6447 Wahalak Road  City: Scooba  State: MS  Zip: 39358  Contact Person: Roland Edmonds  Tel: 662-793-4795  XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name:  Authority:  Date of Order (MM/DD/YY):  Date of Order (MM/DD/YY):  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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULLVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  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.  Edward A. Clay  Type or Print Name  (Signature of Owner/Operator)  ID-21-22  (Date)  XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  Edward A. Clay  10-21-22	Contact Person: RuthAnn Faris		Tel:	Tel: 662-328-5528				
Address: 6447 Wahalak Road  City: Scooba State: MS Zip: 39358  Contact Person: Roland Edmonds Tel: 662-793-4795  XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name: Title:  Authority:  Date of Order (MM/DD/YY):  Date of Order (MM/DD/YY):  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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  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 REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE RESULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE PROVISION OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE PROVISION OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE PROVISION	XIV. WASTE DISPOSAL SITE	XIV. WASTE DISPOSAL SITE						
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Contact Person: Roland Edmonds  XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  Name:  Title:  Authority:  Date 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  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 HOUSENESS HOUSEN	Address: 6447 Wahalak Road		As the					
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Name:  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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  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.  Edward A. Clay  Type or Print Name  (Signature of Owner/Operator)  10-21-22  (Date)  XIX.I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  Edward A. Clay  10-21-22	Contact Person: Roland Edmonds	Poland Edmondo						
Authority:  Date of Order (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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  Contain material, notify owner and MDEQ  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.  Edward A. Clay  Type or Print Name  (Signature of Owner/Operator)  10-21-22  Type or Print Name  10-21-22  Type or Print That THE ABOVE INFORMATION IS CORRECT:  Edward A. Clay  10-21-22	XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGE	ENCY, PLEASE IDEN	ITIFY THE AGENC	Y BELOW:				
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