## MAP

## DEF MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 Postmark (mail only) MDEC Use Only: 08-28-2023 1. Type of Notification (O=Original R=Revised C=Canceled A= Annual); Original 11. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation IB. FACILITY DESCRIPTION (Include building name, number and floor or room number): Bldg, Name: Edwards Senior Citizen Center Address: 105 Williamson Avenue City: Edwards State: MS Zip: 39066 Site Location: Same Building Size: 2500 sq. ft. Age in Years: 50 plus # of Floors: 1 Prior Use Senior Citizen Center Present Use: Vacant IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Hinds County Human Resource Agency Address: 258 Maddox Road City: Jackson State: MS Zip: 39212 Tel: 601) 923 - 1827 Contact: Shirley Gibbs ASBESTOS REMOVAL CONTRACTOR: Bestway Abatement Address 222 Vicksburg Street/ P. O. Box 88 State: MS city: Edwards Zip: 39066 Tel: 601)383 - 3237 Contact: Aaron Lee Expiration Date: 101/18/2023 Certification Number: ABC-00002924 OTHER OPERATOR: Address: Zip: City: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes Inspection Date: 2/2/2023 WAS ASBESTOS PRESENT? (Yes/No): Yes Certification Number: ABI-0000157C Expiration Date: 3/11/2023 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: VII. QUANTITY OF RACM TO BE REMOVED: 2500SQ. FT. Surface Area (SQ FT): 2500 Volume of Facility Components (CU FT): Pipes (LN FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/11/2023 Complete: 10/10/2023

Complete

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOV.	ATION WORK, AND METHO	b(s) 10 BE 03EU.
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OR RENOVATION SITE:  Wet method	RING CONTROLS TO BE USE	ED TO PREVENT EMISSIONS OF ASBESTOS AT THE
XIII. WASTE TRANSPORTER #1		
Name: Bestway Abatement		
Address: 222 Vicksburg Street/ P. C	). Box 88	
city: Edwards	State: MS	zip: 39066
Contact Person: Aaron Lee	'	Tel: 601) 383 - 3237
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: Little Dixie Landfill		
Address: 1716 N County Line Road		
city: Ridgeland	State: MS	z <sub>ip</sub> : 39157
Contact Person: Aaron Lee		Tel: 601)383 - 3237
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGE	NCY, 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:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
Explanation of now the event caused unsale conditions of would cause equipment damage of an unleasonable infancial burden.		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE Stop and call MDEQ	) IN THE EVENT THAT UNEX LED, PULVERIZED, OR REDU	PECTED ASBESTOS IS FOUND OR PREVIOUSLY ICED TO POWDER:
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE P ONSITE DURING THE DEMOLITION OR RENOVATION, AN THIS PERSON WILL BE AVAILABLE FOR INSPECTION DU	D EVIDENCE THAT THE REC	QUIRED TRAINING HAS BEEN ACCOMPLISHED BY
Aaron Lee	Muny	8/28/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORE ABOON LEE	RECT: UMM	Lec 8/28/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)