REV MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos	and Lead Branch, 5	15 E. Amite S	treet, Jackson, M	IS 39201		
MDEQ Use Only: Email Mail Hand Delivery	Postmark (mail only) Date F 06-18-		eceived 024	AI Number		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Revised						
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo						
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Leggett and Platt						
Bldg. Name: Leggett and Platt/ Super Sagless Plant						
Address 1921/1961 S Green St						
_{City:} Tupelo	State: MS		_{Zip:} 38804	_{County:} Lee		
Site Location: One Main Building			Tel:			
Building Size60,000sqft	# of Floors:	1	Age in Years: N/A			
Present Use: Vacant	Prior Use: F	Prior Use: Furniture Fac		ctory		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)						
OWNER NAME: Leggett and Platt						
Address: 1921/1961 S Green St						
_{City:} Tupelo	_{State:} MS		_{Zip:} 38804			
_{Contact:} Robbie Hall	· · · · · · · · · · · · · · · · · · ·		Tel:			
ASBESTOS REMOVAL CONTRACTOR: N/A						
Address:						
City:	State:		Zip:			
Contact:			Tel:			
Certification Number: Expiration Date:						
OTHER OPERATOR: Century Construction Gro						
Address: 705 Robert E Lee Dr						
_{City:} Tupelo	State: MS		zip:38801			
Contact:Person:Dalton Lincoln			_{Tel:} 662-210-2220			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES						
			Inspection Date: May 10,2024			
Inspector: Seth Cobb	Certification Number: ABI-00008772		Expiration Date: 4/5/24			
vi. suspect materials sampled and procedures used to detect the presence of asbestos material: This building was tested for asbestos and all ACM has been removed.						
See attached documentation						
VII. QUANTITY OF RACM TO BE REMOVED:						
Pipes (LN FT): Surfa	Pipes (LN FT): Surface Area (SQ FT):		Volume of Facility Components (CU FT):			
VIII. QUANTITY OF NONFRIABLE ASBESTOS NO		I_				
Category I:	T REMOVED.	Catego	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: N/A			Complete:			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/24/24			_{Complete:} 8/15/24			

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	ATION WORK, A	ND METHOD	(S) TO BE USED:			
Excavator						
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:						
N/A						
XIII. WASTE TRANSPORTER #1 Century Construction Group Inc						
_{Name:} Dalton Lincoln						
Address: 705 Robert E Lee Dr	<u>.</u>					
_{City:} Tupelo	_{State:} MS		_{Zip:} 38801			
Contact Person: Dalton Lincoln	_{Tel:} 662-210-2220		_{Tel:} 662-210-2220			
WASTE TRANSPORTER #2						
Name:						
Address:	<u> </u>					
City:	State:		Zip:			
Contact Person:			Tel:			
XIV. WASTE DISPOSAL SITE TMCO						
Name: TMCO						
Address: 544 Birmingham Ridge Rd						
_{City:} Saltillo	_{State:} MS		_{Zip:} 38866			
Contact Person:	_{Tel:} (662) 869-2151					
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CY, PLEASE IDI	ENTIFY THE A	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:						
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 test						
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.						
Dalton Lincoln Type or Print Name (Signature of C	(Signature of Owner/Operator) (Date)					
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:						
Dalton Lincoln	anon is correct:		6/18/2024			
Type or Print Name (Signature of	(Signature of Owner/Operator)		(Date)			