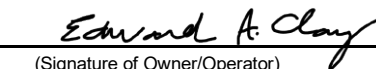
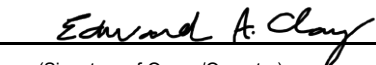


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAP

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

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>	<b>Date Received</b> 10-04-2023	<b>AI Number</b>
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>D</b>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: Warehouse and Offices				
Address: 139 Pine Street				
City: Nettleton		State: MS	Zip: 38655	
Site Location: 139 Pine Street			Tel: 662-842-8538	
Building Size: Appx 16,000 SF		# of Floors: 1	Age in Years: 50+	
Present Use: Vacant		Prior Use: Commercial Office space and warehouse		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: RDM3, LLC				
Address: 1420 N Lamar Blvd				
City: Oxford		State: MS	Zip: 38655	
Contact: Katie Blalack			Tel: 662-299-3547	
ASBESTOS REMOVAL CONTRACTOR: Edward Clay - EAC Environmental				
Address: 4546 Cal-Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Edward Clay			Tel: 662-386-6386	
Certification Number: ABC-00005192			Expiration Date: 11-05-2023	
OTHER OPERATOR: Hodges Construction				
Address: 1281 CR 811				
City: Saltillo		State: MS	Zip: 38866	
Contact: Chad Rankin			Tel: 662-871-0082	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: 05-17-23	
Inspector: Darryl May		Certification Number: ABI-00001937	Expiration Date: 09-13-23	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> Drywall, Ceiling Tile, Floor Tile, Sealants and roofing materials .... PLM Analytical Method				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT):		Surface Area (SQ FT): Appx 16,000	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 10-17-23			Complete: 10-20-23	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 10-23-23			Complete: 10-31-23	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Remove floor tile with floor scrapers (Ride-on, Walk behind and hand held) using Wet Method		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Contain work area, use air scrubber, airless sprayer with surfactant, wet method removal, double bag, 6 mil poly		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: EAC Environmental		
Address: 4546 Cal-Steens Road		
City: Caledonia	State: MS	Zip: 39740
Contact Person: Edward Clay	Tel: 662-386-6386	
<b>WASTE TRANSPORTER #2</b>		
Name: Waste Pro		
Address: 1600 12th Street South		
City: Columbus	State: MS	Zip: 39701
Contact Person: RuthAnn Faris	Tel: 662-328-5528	
<b>XIV. WASTE DISPOSAL SITE</b> RoBo Landfill		
Name: RoBo Landfill		
Address: 6447 Wahalak Road		
City: Scooba	State: MS	Zip: 39358
Contact Person: Roland Edmonds	Tel: 662-798-4795	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:</b>		
Contain material, notify owner, and contact MDEQ		
<b>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.</b>		
Edward A. Clay		10-04-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS</b>		
Edward A. Clay		10-04-23
Type or Print Name	(Signature of Owner/Operator)	(Date)