## STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):  Removal Project Start: 12 / 26 / 16 Removal Project Stop: 12 / 30 / 16  DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): RENOVATION ON 90: NJ Project Start:		RECA
Incomplete notices will not meet notification requirements.    Original   Revision   Canceled	STATE OF	MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM
Incomplete notices will not meet notification requirements.    Original   Revision   Canceled		Please type or print legibly.
TYPE OF PROJECT: Senovation   Demolition   Demolition   Demolition   Demolition   Description: Nulls, Mg   Home   Side Real Real Read   Reserve   Nulls, Mg   Home   Side Real Real Read   Nulls, Mg   Home   Side Real Real Read   Nulls, Mg   Home   Side Real Real Read   Nulls, Mg   Home   Side Real Real Real Read   Nulls, Mg   Home   Side Real Real Real Real Real Real Real Rea	lr.	ncomplete notices will not meet notification requirements.
TYPE OF PROJECT: Senovation   Demolition   Demolition   Demolition   Demolition   Description: Nulls, Mg   Home   Side Real Real Read   Reserve   Nulls, Mg   Home   Side Real Real Read   Nulls, Mg   Home   Side Real Real Read   Nulls, Mg   Home   Side Real Real Read   Nulls, Mg   Home   Side Real Real Real Read   Nulls, Mg   Home   Side Real Real Real Real Real Real Real Rea	TYPE OF NOTICE:	Original Revision Canceled Annual Info. Only
Description: NULS IN HOME  City: OKalana.  City: OKalana.  County: State: 73. ZIP: 38864  Contact Person: Telephone: 662-447-5463  OWNER INFORMATION: Name: Shackel Dichardson Memorial Nuls ing Home  Full Mailing Address: 5/2 Rockwel/ DR OKolana, MS. 38864  Contact Person: Telephone: 662-447-5463  ASBESTOS REMOVAL CONTRACTOR: Name: Specialty Contract ORS  Certification No: HDC 0004365  Explantion Date: 7-29-77  Full Mailing Address: 83/0 was Removal Project Stop: Explantion Date: 7-29-77  CONTRACTOR (Other): Name: Telephone: 205-907-735/1  CONTRACTOR (Other): Name: Project Stop: 12-30/16  DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): RENOVATION ON 90 Single Project Start: 10-26/16  BUILDING INFORMATION: Bldg. Size (SQ FT): 9000  Bldg. Size (LNFT): 1000  No. of Floors: 1 Age in Years: 000CR 90  Present Use: Nuks. Ng Prior Use: Sam E  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos: 15 CR 10-1  ASBESTOS INSPECTION: Abbistos Present? 17 Yes No Inspector: 15 Louinson Cert No: 15 Laboratory Analysis: TEM PLM Other  Name of Laboratory: CE No. 15 Laboratory: CE No. 15 Laboratory Analysis: TEM PLM Other  Name of Laboratory: CE No. 15 Laboratory: CE No. 15 Laboratory CE No. 15 Laboratory: CE	TYPE OF PROJECT:	Renovation Demolition
Country: State: 755 ZIP: 38864 Contact Person: Telephone: 662-447-5463  OWNER INFORMATION: Name: Shacket Pickasour Memorial Nums in the Nums in the Memorial Nums in the Memorial Nums in the Nu	Description: NUCS.A	UQ HOME
OWNER INFORMATION: Name: Shafflet Richardson Memorial Nursing Homer Full Mailing Address: 5/2 Rockway/ DR Officiara, MS. 38860 Contact Person: Telephone: 622-447-5463  ASBESTOS REMOVAL CONTRACTOR: Name: Secialty Contractors Certification No: HDC OCCUSAD Explation Date: 1-29-17 Full Mailing Address: 63/2	Address: 5/2 Ro	EKWEII DR.
OWNER INFORMATION: Name: Shafflet Richardson Memorial Nursing Homer Full Mailing Address: 5/2 Rockway/ DR Officiara, MS. 38860 Contact Person: Telephone: 622-447-5463  ASBESTOS REMOVAL CONTRACTOR: Name: Secialty Contractors Certification No: HDC OCCUSAD Explation Date: 1-29-17 Full Mailing Address: 63/2		Telephone: 6/2- 447 - 5463
Full Mailing Address: 5/2 Rock we/ DR OK Olara M. 3886 Contact Person: Telephone: 662 497 - 5463  ASBESTOS REMOVAL CONTRACTOR: Name: Secialty Contract ORS  Certification No.: HBC 0004305  Certification No.: HBC 0004305  Fill Mailing Address: 83/U wode Removal Project Ontact Person: Telephone: 205 - 907 - 735/1  CONTRACTOR (Other): Name: Full Mailing Address: Telephone: 205 - 907 - 735/1  CONTRACTOR (Other): Name: Full Mailing Address: Telephone: 205 - 907 - 735/1  CONTRACTOR (Other): Name: Full Mailing Address: Telephone: 205 - 907 - 735/1  CONTRACTOR (Other): Name: Full Mailing Address: Telephone: 205 - 907 - 735/1  CONTRACTOR (Other): Name: Full Mailing Address: Telephone: 205 - 907 - 735/1  CONTRACTOR (Other): Name: Full Mailing Address: Telephone: 205 - 907 - 735/1  Telephone: 205 - 907 - 735/1  Telephone: Assertor Removal Project Stop: 100 /		
Full Mailing Address: S/2 Rock WE// PR OF OLD TO BE REMOVED:  Contact Person: Telephone: 622-497-5463  ASBESTOS REMOVAL CONTRACTOR: Name: Sciolty Contractors  Certification No: ABC 0004325  Explation Date: /-29-17  Full Mailing Address: 83/2 wads Removal Project Project Stop: 15/80  Contact Person: Telephone: 20.5-907-735/1  CONTRACTOR (Other): Name: Full Mailing Address: 10.04	OWNER INFORMATION: N	lame: Shakkel Richardson Memorial Nursing Hom
ASBESTOS REMOVAL CONTRACTOR: Name: Secialty Contractors Certification No.: PISC - 0004335	Full Mailing Address: 57	2 Rockwell DR Okolowa, MS. 38860
Certification No.: PIDC 000435		
Certification No.: PIDC 000435	ASPESTOS DEMOVAL CON	MIRACTOR: Name: Specialty Contractors
Full Mailing Address: S310 waste Ld. Wankor, At 35786  Contact Person: Sonn Istren Telephone: 205-987-736/  CONTRACTOR (Other): Name: Full Mailing Address: Contact Person: Telephone: Tele	Certification No. 28 C.	• 0004325 Expiration Date: 1-29-17
CONTRACTOR (Other): Name: Full Mailing Address: Contact Person:  ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Start:  DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Removal Project Start:  Project Start:  Project Stop:  Prep. Date:  Building INFORMATION:  Bldg, Size (SQ FT):  No. of Floors:  No. of Floors:  No. of Floors:  Prior Use:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Was site inspected to determine presence of asbestos:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspection Date:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector:  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Yes No Inspector  ASBESTOS INSPECTION:  ASBESTOS INS	Full Mailing Address: 83	3/U wade Rd. Warrior A1 35/80
Full Mailing Address:  Contact Person:  ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):  Removal Project Start:	Contact Person: Sohn	10 Telephone: 205- 907- 735/
Full Mailing Address:  Contact Person:  ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):  Removal Project Start:	CONTRACTOR (Other): Na	ma:
Telephone:  ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Start: 12/16/16 Removal Project Stop: 12/36/16  DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): RENOVATION ON 96:N3  Project Start: Project Stop: Prep. Date: Prep. Date: Prep. Date: Project Stop: Prep. Date: Prep. Date: Prep. Date: Present Use: No. of Floors: Age in Years: DUCR YOURS ON Prior Use: Same  ASBESTOS INSPECTION: Prior Use: Same  ASBESTOS INSPECTION: Prior Use: Same  ASBESTOS INSPECTION: Prep. Date: Prior Use: Same  ASBESTOS INSPECTION: Prep. Date: Prior Use: Prior Use: Prior Use: Same  ASBESTOS INSPECTION: Prep. Date: Prior Use: Prior Use: Prior Use: Prior Use: Prior Use: Prep. Date: Prior Use: Prep		
Removal Project Start: 12 16 16 Removal Project Stop: 230 / 16  DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): RENOVATION DATE OF Project Stop: 250 /	Contact Person:	Telephone:
Removal Project Start: 12 16 16 Removal Project Stop: 230 / 16  DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): RENOVATION DATE OF Project Stop: 250 /	Sire tal	
DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): RENOVATION DAY 90 NJ Project Start: Project Stop: Prep. Date: Prior Use: Same  ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos: Yes No Inspection Date: Asbestos Present? Yes No Inspection Date: Prep. Date: Prep. Date: Prior Use: Same  Asbestos Present? Yes No Inspection Date: Prep. Date: Pre		
Project Start:	Removal Project Start:	Removal Project Stop: /2/30/16
Project Start:	DEMOLITION/PENOVATIO	IN PROJECT DATES (MM/DD/VV). RENOVATION ON GOING
BUILDING INFORMATION:  Bldg. Size (SQ FT): 4000 Bldg. Size (LNFT): 1000 Age in Years: 0000 Reg in Years: 0000 Reg in Years: 00000 Reg in Years: 00000 Reg in Years: 00000 Reg in Years: 000000 Reg in Years: 00000 Reg in Years: 0		
Present Use: Nuksing No. of Floors: Prior Use: Same  ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos: Yes No Inspection Date: Asbestos Present? Yes No Inspector: No.: Asbestos Present? Yes No Inspector: No.: Asbestos Present? Asbestos Present? Asbestos Present? Asbestos Present? Other No.: Asbestos Present? Asbestos Present? Asbestos Present? No.: Asbestos Present? Asbestos Present? No.: Asbestos Present? Asbestos No Inspector: No.: Asbestos Present?		
ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos:  Asbestos Present?  Yes No Inspection Date:  Asbestos Present?  Yes No Inspector:  Ins	BUILDING INFORMATION:	
ASBESTOS INSPECTION:  Was site inspected to determine presence of asbestos: Yes No Inspection Date: / Asbestos Present? Yes No Inspector: Row Rowinson Cert. No.: ABT Oboo 1797 Expiration Date: May 6, 207 Identify suspect materials sampled: Tot Craw space Laboratory Analysis: TEM PLM Other Name of Laboratory: CF X  QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) 500 LF. Surface Area (SQ FT) Volume of Facility Components (CU FT)  QUANTITY OF NONFRIABLE ASBESTOS Category I: Category II:		
Was site inspected to determine presence of asbestos: Yes No Inspection Date: / Asbestos Present? Yes No Inspector: Row Robinson Cert. No.: ABT Obto 1477 Expiration Date: May 6, 201 Identify suspect materials sampled: TST CROW Space Laboratory Analysis: TEM PLM Other Name of Laboratory: CE X  QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) SDO L-F. Surface Area (SQ FT) Volume of Facility Components(CU FT)  QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED: Category I: Category II: Sample Surface Area (SQ FT)  WASTE TRANSPORTER: Name: Waste Space Supplies Surface Area (SQ FT)  Waste Transporter: Name: Waste Space Supplies Supplie	Present Use: NUKS.	Prior Use: Same
Was site inspected to determine presence of asbestos: Yes No Inspection Date: / Asbestos Present? Yes No Inspector: Row Robinson Cert. No.: ABT Obto 1477 Expiration Date: May 6, 201 Identify suspect materials sampled: TST CROW Space Laboratory Analysis: TEM PLM Other Name of Laboratory: CE X  QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) SDO L-F. Surface Area (SQ FT) Volume of Facility Components(CU FT)  QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED: Category I: Category II: Sample Surface Area (SQ FT)  WASTE TRANSPORTER: Name: Waste Space Supplies Surface Area (SQ FT)  Waste Transporter: Name: Waste Space Supplies Supplie	ASRESTOS INSPECTIONS	
Inspection Date: / Asbestos Present? Yes No Inspector: Row Robinson Cert. No.: ABT Door 1997 Expiration Date: May 6, 201 Identify suspect materials sampled: TST CRAW Space Laboratory Analysis: TEM PLM Other Name of Laboratory: CE T  QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT) 500 L.F. Surface Area (SQ FT) Volume of Facility Components(CU FT)  QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED: Category I: Category II: Surface Area (SQ FT)  WASTE TRANSPORTER: Name: Waste DRA  Full Mailing Address: / LOO 1044 NE South Columbus, MS 39 70/		mine presence of asbestos: 🖂 Yes 🔲 No
Inspector: Ren Noisson Cert. No.: ABT 0000 1797 Expiration Date: May 6, 207 Identify suspect materials sampled: To T		Ashestos Present? X Yes No
Identify suspect materials sampled:   TOT   CRAW   SPACE     Laboratory Analysis:   TEM   PLM   Other     Name of Laboratory:   CE       QUANTITY OF RACM TO BE REMOVED:     Pipes (LN FT)   SPO   LF:   Surface Area (SQ FT)     Volume of Facility Components (CU FT)     QUANTITY OF NONFRIABLE ASBESTOS   NOT REMOVED   TO BE REMOVED:     Category II:   Category III:     WASTE TRANSPORTER: Name:   Waste   DRA     Full Mailing Address:   LOA   10 + 10 - EVE   South   Columbus, MS   39 70	Inspector: RON Hob	MSON Cert. No.: ABI 0000 1999 Expiration Date: May 6, 209
QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT)		ampled: TOI CRAW   Space
QUANTITY OF RACM TO BE REMOVED:  Pipes (LN FT)		
Pipes (LN FT) 500 L.F. Surface Area (SQ FT)  Volume of Facility Components (CU FT)  QUANTITY OF NONFRIABLE ASBESTOS  NOT REMOVED TO BE REMOVED:  Category I: Category II: South Columbus, MS 3970/	Nama at Laboratonii	
Pipes (LN FT) 500 L.F. Surface Area (SQ FT)  Volume of Facility Components (CU FT)  QUANTITY OF NONFRIABLE ASBESTOS  NOT REMOVED TO BE REMOVED:  Category I: Category II: South Columbus, MS 3970/	Name of Laboratory:	
QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED:  Category I: Category II:  WASTE TRANSPORTER: Name: Waste DRA  Full Mailing Address: /600 10+1- AVE South Columbus, MS 3970/		E REMOVED:
Category I: Category II:  WASTE TRANSPORTER: Name: Waste DRS  Full Mailing Address: /600 12+2 AVE South Columbus, MS 3970/	QUANTITY OF RACM TO B	
Category I: Category II:  WASTE TRANSPORTER: Name: Waste DRS  Full Mailing Address: /600 12+2 AVE South Columbus, MS 3970/	QUANTITY OF RACM TO B	Surface Area (SQ FT)
WASTE TRANSPORTER: Name: Waste DRS Full Mailing Address: 1600 12+2 AVE South Columbus, MS 39701	QUANTITY OF RACM TO B Pipes (LN FT)	ents(CU FT) Surface Area (SQ FT)
Full Mailing Address: 1600 12+2 AVE. South Columbus, MS 39701	QUANTITY OF RACM TO B Pipes (LN FT)	Surface Area (SQ FT) ents(CU FT)  LE ASBESTOSNOT REMOVEDTO BE REMOVED:
Full Mailing Address: 1600 12+2 AVE. South Columbus, MS 39701	QUANTITY OF RACM TO B Pipes (LN FT)	Surface Area (SQ FT) ents(CU FT)  LE ASBESTOSNOT REMOVEDTO BE REMOVED:
Contact Dayson	QUANTITY OF RACM TO B Pipes (LN FT)	Surface Area (SQ FT) ents(CU FT)  LE ASBESTOS NOT REMOVED TO BE REMOVED: Category II:
Contact Person:	QUANTITY OF RACM TO B Pipes (LN FT)	Surface Area (SQ FT)  ents(CU FT)  LE ASBESTOS NOT REMOVED TO BE REMOVED:  Category II:  Jame: Waste DRA

## STATE OF MISSISSIPPI DEMOLITON/RENOVATION FORM - CONTINUED

ISPOSAL SITE FOR DEMOLITION DEBRIS (Other than ame:  Inysical Location:  Ill Mailing Address:  Intact Person:  Ill demolition debris (other than asbestos) should go to the strip & Removal  Wrecking Ball  Containment  ISPOSAL SITE FOR DEMOLITION DEBRIS (Other than ame:  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal  Interpretation Debris (Other than asbestos) should go to the strip & Removal	Telephone: an authorized Rubbish Site, or to a permitted sanitary land Theck all that apply): Mechanical Chipping Remove Intact Explode Other - Explain Below:  Telephone:  Component Removal Bulldozer Megative Air
ISPOSAL SITE FOR DEMOLITION DEBRIS (Other than ame:  Inysical Location:  Ill Mailing Address:  Interpretation debris (other than asbestos) should go to the strip & Removal  Wrecking Ball  Containment  Wet Method  Glove Bag  Roofing Saw	Telephone: an authorized Rubbish Site, or to a permitted sanitary land Theck all that apply): Mechanical Chipping Remove Intact Explode Other - Explain Below:  Telephone:  Component Removal Bulldozer Megative Air
ame:	Telephone: an authorized Rubbish Site, or to a permitted sanitary land  Check all that apply):  Mechanical Chipping
mysical Location:  Ill Mailing Address:  Intact Person:  Ill demolition debris (other than asbestos) should go to the story of the stor	Theck all that apply): Mechanical Chipping Remove Intact Explode Other - Explain Below:  An authorized Rubbish Site, or to a permitted sanitary land Component Removal Bulldozer Megative Air
Ill Mailing Address:  Intact Person:  Ill demolition debris (other than asbestos) should go to the strip & Removal  Wrecking Ball  Containment  Wet Method  Mailing Address:  Double Bagging  Gross Demolition  Glove Bag  Roofing Saw	Theck all that apply): Mechanical Chipping Remove Intact Explode Other - Explain Below:  An authorized Rubbish Site, or to a permitted sanitary land Component Removal Bulldozer Megative Air
Moval Removation Procedures To Be USED (Contact Person:  Moval Removation Procedures To Be USED (Containment Removal R	Theck all that apply): Mechanical Chipping Remove Intact Explode Other - Explain Below:  An authorized Rubbish Site, or to a permitted sanitary land Component Removal Bulldozer Megative Air
Strip & Removal Wrecking Ball Containment Wet Method  Method  Mover Double Bagging Gross Demolition Glove Bag Roofing Saw	Mechanical Chipping Remove Intact Explode Other - Explain Below:  Component Removal Bulldozer W Negative Air
Strip & Removal Wrecking Ball Containment Wet Method  Strip & Removal Gross Demolition Glove Bag Roofing Saw	Mechanical Chipping Remove Intact Explode Other - Explain Below:  Component Removal Bulldozer Negative Air
Wrecking Ball Containment Wet Method Gross Demolition Glove Bag Roofing Saw	Remove Intact Bulldozer Explode Negative Air Other - Explain Below:
Containment A Glove Bag Wet Method Roofing Saw	Explode Negative Air Other - Explain Below:
Wet Method Roofing Saw	Other - Explain Below:
RENDVATION FLANNED DEMOLITIONOR RENOVA	TION WORK:
RENovation Flocks, walls	e zilione machanick
	CUITINGS, MICCIARICAL
	5
DEMOLITION ORDERED BY A GOVERNMENT AGENC	Title:
uthority:	
ate of Order:	Date Demolition to Begin:/
The state of the s	
MERGENCY DEMOLITION/RENOVATIONS: Date of Em	ergency:/, Time:
escription of the sudden, unexpected event:	
THE STATE OF	
planation of how the event caused unsafe conditions of	or would cause equipment damage or unreasonable financ
The second secon	
hen asbestos-containing material is present, an ind	
0 CFR 61 Subpart M) will be on site during the demo	olition or renovation and evidence that the required
0 CFR 61 Subpart M) will be on site during the demo	
0 CFR 61 Subpart M) will be on site during the demo	olition or renovation and evidence that the required
O CFR 61 Subpart M) will be on site during the demo aining has been accomplished by this person will be ertify that all of the above information is correct.	olition or renovation and evidence that the required
O CFR 61 Subpart M) will be on site during the demonstration between accomplished by this person will be certify that all of the above information is correct.	olition or renovation and evidence that the required
O CFR 61 Subpart M) will be on site during the demo aining has been accomplished by this person will be ertify that all of the above information is correct.	olition or renovation and evidence that the required
O CFR 61 Subpart M) will be on site during the demonstration has been accomplished by this person will be certify that all of the above information is correct.  Solu 18 HEN VP.  The or Print Name & Title	olition or renovation and evidence that the required
O CFR 61 Subpart M) will be on site during the demonstration has been accomplished by this person will be certify that all of the above information is correct.  Solu 18 HEN VP.  The or Print Name & Title	Signature Date