

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

|   |                     |   |                                |
|---|---------------------|---|--------------------------------|
| Operator Project #  | Postmark            | Date Received (MDEQ use only)                   | Notification # (MDEQ use only) |
|   |                     |   | 370634172017000                |
| I. Type of Notification (O=Original R=Revised C=Cancelled A= Annual) Original   |                     |   |                                |
| II. TYPE OF OPERATION (O=Demo O= Ordered Demo R=Renovation E=Enter Renovation) Demo   |                     |   |                                |
| III. FACILITY DESCRIPTION (include building name, number and floor or room number) AT&T - Hut Stennis Space Center  |                     |   |                                |
| Bldg. Name: Hut Stennis Space Center  |                     |   |                                |
| Address 106 St. Francis St.   |                     |   |                                |
| City: Bay St. Louis   | State: MS           | Zip: 39520                                      |                                |
| Site Location: Closed Section of Hwy 43 on Base   |                     | Tel: 228-688-1081                               |                                |
| Building Size: 180 SF 10' x 18'   | # of Floors: 1      | Age in Years: 40                                |                                |
| Present Use: Vacant   | Prior Use: AT&T Hut |   |                                |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)   |                     |   |                                |
| OWNER NAME: Stennis Space Center/ AT&T  |                     |   |                                |
| Address: Bldg. 9357 Room 104  |                     |   |                                |
| City: Stennis Scape Center  | State: MS           | Zip: 39529                                      |                                |
| Contact: Arden "Ken" Griffey  | Tel: 228-688-1081   |   |                                |
| REMOVAL CONTRACTOR Lakeshore Environmental Contractor   |                     |   |                                |
| Address: 5513 Eastcliff Industrial Loop   |                     |   |                                |
| City: Birmingham  | State: AL           | Zip: 35210                                      |                                |
| Contact: Aaron Murphree   | Tel: 205-288-7049   |   |                                |
| OTHER OPERATOR:   |                     |   |                                |
| Address:  |                     |   |                                |
| City:   | State:              | Zip:  |                                |
| Contact:  |                     |   |                                |
| V. IS ASBESTOS PRESENT? (Yearly) Yes  |                     |   |                                |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): |                     |   |                                |
| PLM - Jeff Blackwell 3/29/2017  |                     |   |                                |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:  |                     | Nonfibable Asbestos Material Reqr To Be Removed |                                |
| 1. Regulated ACM to be Removed  |                     | Category I                                      | Category II                    |
| 2. Category I ACM Not Removed   |                     |   | 4:11 lbs removed Prior to demo |
| 3. Category II ACM Not Removed  |                     |   |                                |
| Asbestos Removal  |                     |   |                                |
| Surface Area  |                     | 560 S/F   | Wet Demo                       |
| Vol RACM Off Facility Component   |                     |   |                                |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/06/2017 6-13-17   |                     | Complete: 06/07/2017 6-13-17                    |                                |
| IX. SCHEDULED DATES DEMORENOVATION (MM/DD/YY) Start: 06/08/2017 6-15-17   |                     | Complete: 06/08/2017 6-15-17                    |                                |

|  |                                   |                   |            |
|--|-----------------------------------|-------------------|------------|
| X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:<br>Prior to demo - Cementitious Roofing - Whole Component Removal/ Demo Wet Method, Backhoe   |                                   |                   |            |
| XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:<br>Regulated Area, Decon, 6 mil poly, disposal coveralls, respirators, HEPA Vacuum, Amended Water Applied during removal &                                      |                                   |                   |            |
| XII. WASTE TRANSPORTER #1  |                                   |                   |            |
| Name: Lakeshore Environmental Contractors, LLC   |                                   |                   |            |
| Address: 5513 Eastcliff Industrial Loop  |                                   |                   |            |
| City: Birmingham   |                                   | State: AL         | Zip: 35210 |
| Contact Person: Aaron Murphree   |                                   | Tel: 205-943-5711 |            |
| WASTE TRANSPORTER #2   |                                   |                   |            |
| Name:  |                                   |                   |            |
| Address:   |                                   |                   |            |
| City:  | State:                            | Zip:              | Tel:       |
| Contact Person:  |                                   |                   |            |
| XIII. WASTE DISPOSAL SITE  |                                   |                   |            |
| Name: WCA  |                                   |                   |            |
| Address: 1130 County Line Road   |                                   |                   |            |
| City: Trafford   | State: AL                         | Zip: 35172        |            |
| Tel: 800-261-0676  |                                   |                   |            |
| XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:   |                                   |                   |            |
| Name:  | Title:                            |                   |            |
| Authority:   |                                   |                   |            |
| Date of Order (MM/DD/YY):  | Date Ordered to Begin (MM/DD/YY): |                   |            |
| XV. 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:   |                                   |                   |            |
| XVI. 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:<br>Stop Work, Contain Area, Notify Mississippi DEQ & Revise Notification   |                                   |                   |            |
| XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE 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. |                                   |                   |            |
| Stan Roth  |                                   | 5/16/2017         |            |
| (Signature of Owner/Operator)  |                                   | (Date)            |            |
| Type or Print Name   |                                   |                   |            |
| XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  |                                   |                   |            |
| Stan Roth  |                                   | 5/16/2017         |            |
| (Signature of Owner/Operator)  |                                   | (Date)            |            |
| Type or Print Name   |                                   |                   |            |