MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

I. Type of Notification (O=Original R=Revised OII. TYPE OF OPERATION (D=Demo O= Order III. FACILITY DESCRIPTION (Include building Bldg. Name: Address 3235 Meadowlane Drive City: Jackson Site Location: Same as above Building Size 1,480 Present Use: Vacant IV. FACILITY INFORMATION (Identify owner, of the contact: City of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: PO Box 660 City: Edwards City: Cayron City: Cayron OTHER OPERATOR: POSTVI CAYRON Address: PO Box Goy Contact: City Of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: PO Box Goy Contact: City Of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: PO Box Goy Contact: Contact: Contact: Coretta Contact: Contact: Coretta Contact: Contact: Coretta Contact: Coretta Contact: Coretta Contact: Contact: Coretta Contact: Contact: Coretta Contact: Coretta Contact: Contact: Coretta Contact: Coretta Contact: Coretta Coretta Contact: Coretta Coretta Coretta Contact: Coretta Coret	red Demo R=Ren	state: M # of Floor Prior Use or, and other	room number) S rs: 1 a: Residential er operator)	Zip: 39206 Tel: 601-960-10 Age in Years: 66 Zip: 39066 Tel: 601-960-10		0-1056
III. TYPE OF OPERATION (D=Demo O= Order III. FACILITY DESCRIPTION (Include building Bldg. Name: Address 3235 Meadowlane Drive City: Jackson Site Location: Same as above Building Size 1,480 Present Use: Vacant IV. FACILITY INFORMATION (Identify owner, r. OWNER NAME: Charles M Greene Address: PO Box 660 City: Edwards Contact: City of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: Addison City: Carron OTHER OPERATOR: POST AND Address: P. D. Box 48 City: Carron Contact: Agron Contact: Agron Contact: Agron Level Ves/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N	red Demo R=Ren	state: M # of Floor Prior Use or, and othe	Emer. Renovation) room number) S rs: 1 g: Residential er operator)	Zip: 39206 Tel: 601-960-10 Age in Years: 66		0-1056
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Bldg. Name: Address 3235 Meadowlane Drive City: Jackson Site Location: Same as above Building Size 1,480 Present Use: Vacant IV. FACILITY INFORMATION (Identify owner, r. Owner NAME: Charles M Greene Address: PO Box 660 City: Edwards Contact: City of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: Addison City: Carron City: Carron Contact: Cedy ic Laire Potential Address: Potenti	removal contracto	# of Floor Prior Use or, and other	S rs: 1 er operator)	Tel: 601-960-10 Age in Years: 66		0-1056
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City: Jackson Site Location: Same as above Building Size 1,480 Present Use: Vacant IV. FACILITY INFORMATION (Identify owner, r. OWNER NAME: Charles M Greene Address: PO Box 660 City: Edwards Contact: City of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: Addison City: Cayron Contact: Cedy ic Lawyen OTHER OPERATOR: POST VICENTIAL Address: P. D. Boy 48 City: Cayron Contact: Agyon Lee V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL No.	e d) Man	# of Floor Prior Use or, and other	rs: 1 3: Residential er operator)	Tel: 601-960-10 Age in Years: 66		0-1056
Site Location: Same as above Building Size 1,480 Present Use: Vacant IV. FACILITY INFORMATION (Identify owner, Incompared to the present Use: Vacant) OWNER NAME: Charles M Greene Address: PO Box 660 City: Edwards Contact: City of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: Addison Contact: Caylo Contact: Caylo Contact: Co	e d) Man	# of Floor Prior Use or, and other	rs: 1 3: Residential er operator)	Tel: 601-960-10 Age in Years: 66		0-1056
Building Size 1,480 Present Use: Vacant IV. FACILITY INFORMATION (Identify owner, recommendation)	e d) Man	Prior Use or, and oth State: M	er operator)	Age in Years: 66 Zip: 39066		0-1056
Present Use: Vacant IV. FACILITY INFORMATION (Identify owner, Incompared to the present Use: Vacant U	e d) Man	Prior Use or, and oth State: M	er operator)		054 or 601-96	0-1056
OWNER NAME: Charles M Greene Address: PO Box 660 City: Edwards Contact: City of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: Addison City: Canton Contact: Cedyic Lawyen OTHER OPERATOR: Pestynay Address: P.D. Box 68 City: Canton Contact: Address: P.D. Box 68 City: Contact: Contact Contact OTHER OPERATOR: Pestynay Address: P.D. Box 68 Contact: Acyon Lee V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N	3 Man	State: M	S		054 or 601-96	0-1056
Address: PO Box 660 City: Edwards Contact: City of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: Addison City: Canton Contact: Caric Lanven OTHER OPERATOR: Pestynay Address: P.D. Box 88 City: Canton City: Canton Contact: Agron Lee V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N	3 Man	age			054 or 601-96	0-1056
City: Edwards Contact: City of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: 13 Add 50M City: Cayron Contact: Cedy ic Layren OTHER OPERATOR: Pest via av Address: P.D. Boy 48 City: Cayron City: Cayron Contact: Ayon Lee V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N	3 Man	age			054 or 601-96	0-1056
Contact: City of Jackson (Coretta Laire REMOVAL CONTRACTOR Address: 13 Addison City: Cambon Contact: Cedyic Lawyen OTHER OPERATOR: Pestylay Address: P.D. Box 88 City: Cawords Contact: Agyon Lee V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N	3 Man	age			054 or 601-96	0-1056
REMOVAL CONTRACTOR Address: 13 Addison City: Canton Contact: Cedyic Lanven OTHER OPERATOR: PESTINIAN Address: P.D. BOX & B City: Edwards Contact: Agron Lee V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL M	3 Man Way	7	ment L	Tel: 601-960-10	054 or 601-96	0-1056
Address: 13 Addison City: Cambon Contact: Cedyic Lawyen OTHER OPERATOR: PESTIVIAN Address: P.D. BOX &8 City: Cawyen Contact: Agyon Lee V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N	May	7	ment L	LC_		
City: Caylon Contact: Cedy ic Lawyen OTHER OPERATOR: PEST VI QU Address: P.D. BOX 88 City: Caylon See Contact: Agyon See V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N	May	7	16			
CONTACT: CCAYIC LANVEN OTHER OPERATOR: PESTYLAY Address: P.D. BOX & 8 City: CAWGYCS Contact: ACYON LCC V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N		State:	he .			
OTHER OPERATOR: POST VI QUANTING AND			VID	zip: 39046		
Address: P.D. BOX &8 City: COWGYCIS Contact: ACYON LCC V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N				Tel: 901 - 857 - 4985		
City: COWGYCIS Contact: AGYON LCC V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N	(ABC	292	4)			
V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N				-		
V. IS ASBESTOS PRESENT? (Yes/No) Yes, VI. PROCEDURE, INCLUDING ANALYTICAL N		State:	VIS	zip: 590 (06	
VI. PROCEDURE, INCLUDING ANALYTICAL N	STEAR S					
	exterior wall s	siding	T LISED TO DETE	OT THE DDESCALO	F OF ACRECTOR	MATERIAL
		ROPRIAI	E, USED TO DETE	CT THE PRESENC	E OF ASBESTOS	MATERIAL
EPA 600/R-93/116 Method using polarized light microscop	y; Inspector: William L	_eonard; Ce	rtification# ABI00007365	5; Certification Expiration	Date: 7/15/2016; Date	of Inspection: 4/26/2016
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		4 11/4	Nonfr Asbe	NACH COLOR		
mocobino.	RAC	м	Material Not To Be Removed		Indicate Unit of Measurement Below	
Regulated ACM to be Removed Category I ACM Not Removed	To B Remov		10 00 11	omoved .	Wicasure	ment below
3. Category II ACM Not Removed			Category I	Category II	UNIT	
Pipes	T.A.M	E	THE	MATE TO THE STATE OF	LnFt:	Ln M:
Surface Area	800 5	ett			SqFt: 800	Sq M:
Vol RACM Off Facility Component					CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOV	VAL (MM/DD/YY)	Start: 9	1-12-17		Complete: q-	-12-17
IX. SCHEDULED DATES DEMO/RENOVATION	N (MM/DD/YY) Sta	art: 4	1-13-17		Complete: 4-	13-17

X. DESCRIPTION OF PLANNED DEMOLITION OR RENO EXCLUSIVE XI. DESCRIPTION OF WORK PRACTICES AND ENGINEE	RING CONTRO						
DEMOLITION OR RENOVATION SITE: WET NECT	thad						
XII. WASTE TRANSPORTER #1							
Name: ADS			THE STATE OF THE S				
Address: P.D. BOX 1296	19	1 00					
city: Clinton	State:	115	zip: 39060-1296				
Contact Person:			Tel: 601-925-0507				
WASTE TRANSPORTER #2							
Name:	L KIND						
Address:		4 115					
City:	State:		Zip:				
Contact Person:			Tel:				
XIII. WASTE DISPOSAL SITE							
Name: LI DIXIC CANOLIII							
Address: 17/4 E County Line	2 Kd						
city: Kidgeland	State:	MS	zip: 39 157				
Tel: (00) 2982 - 9488							
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGE	ENCY, PLEASE	IDENTIFY T	HE AGENCY BELOW:				
Name: City of Jackson (Coretta Laird)	ervisor						
Authority: Commander Jaye Coleman							
Date of Order (MM/DD/YY):		Date Order	ered 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 wo	ould cause equi	pment damag	ge or an unreasonable financial burden:				
XVI. 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:							
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE P ONSITE DURING THE DEMOLITION OR RENOVATION, AN THIS PERSON WILL BE AVAILABLE FOR INSPECTION DU	ND EVIDENCE	THAT THE R	EQUIRED TRAINING HAS BEEN ACCOMPLISHED BY HOURS.				
Type or Print Name (Signature of Owner/O			8-23-17 (Date)				
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:							
Type or Print Name (Signature of Owner/Op	(Signature of Owner/Operator)		(Date)				