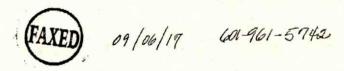
## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to:	MULU Asbest	os Section, 515	k. Amite Street	t, Jackson, MS 39	201			
Operator Project #	Postmerk		Date Received	(MDEQ use only)	Notification #	(MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Cenceled A= Annual) R #5								
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)								
Delta Hardware & Billy's Pawn Shop								
211, 219, 223 Cotton Row								
City: Cleveland		State: MS		z <sub>lp:</sub> 38723				
Site Location: Block 7 Original	veland MS	1 1	Tel: 662.816.4707					
Bullding Size 18,500 SF		# of Floors: 1		Age In Years: 85				
Present Use: Vacant	Prior Use: Pawn S		Pawn Shop	op & Hardware Store				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)								
Cotton Bow Hospitality LLC								
OWNER NAME:  265 North Lamar Blvd, Suite E								
Oxford	MS	State: MS Zip		Zip: 38655				
Warren Miconi		State:		Zip: 662.816.4707				
Contact: Tel: Tel:								
REMOVAL CONTRACTOR Gulf Services Contracting, Inc  5000 Rangeline Road								
Address:		a. AL		36619				
City: Mobile		State: AL		Zip: 35019 251.443.8161				
Contact:								
OTHER OPERATOR: Vice Brothers, Unlimited, LLC								
Address: 6524 Hatfield Stre								
Oily.				Zip: 39562				
Contact Terry Vice								
V. IS ASBESTOS PRESENT? (Yas/N		IE APPROPRIATE	USED TO DETE	CT THE PRESENC	E OF ASRESTOS	MATERIAL		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include Inspector name and date of inspection): Mark Walters - June 16, 2017								
VII. APPROXIMATE AMOUNT OF AS INCLUDING:	BESTOS			nfrable bestos				
		RACM		al Not	Indicate Unit of Measurement Below			
Regulated ACM to be Remove     Cetegory I ACM Not Remove		To Be Removed	10001	amoved	UNIT			
3. Category II ACM Not Remo			Category I	Category II				
Pipes		iling Tile			LnFt:	Ln M:		
Surface Area	VAT	, Sheet Flooring	•		SqFt: 7,900	Sq M:		
					Cu M:			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/28/2017 Complete: 10/05/2017								
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/31/2017 Complete: 08/31/2017								



X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	TION WORK,	AND METHOD(	S) TO BE USED:					
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:								
Negative pressure enclosures, along with wet methods.								
XII. WASTE TRANSPORTER #1		, 1300						
Name; RES								
Address: P.O. Box 598								
City: Ripley	State: MS		Zip: 38663					
Contact Person: Shea Mask		Tel: 1-888-839-2830						
WASTE TRANSPORTER #2								
Name: N/A								
Address:								
City:	State:		Zip:					
Contact Person:	2016		Tel:					
XIII. WASTE DISPOSAL SITE								
Name: Leflore County Landfill								
Address: 15200 Highway 49 South								
City: Sidon	State: MS		Zip: 38954					
el: 662-455-7762								
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:								
Name: N/A Title:								
Authority:								
Date of Order (MM/DD/YY):  Date Ordered to Begin (MM/DD/YY):								
XV. FOR EMERGENCY RENOVATIONS: N/A								
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:								
N/A								
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:  Stop work. Test materials. Notify MDEQ and Owner of any changes.								
XVII. I CERTIFY THAT AN INDIVIDUAL MAINED 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.								
Jonathan Valle Type or Print Name (Signature of Owner/Ope	September 5, 2017							
XVIII, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:								
Jonathan Valle	,		September 5, 2017					
Type or Print Name (Signature of Owner/Oper	ator)		(Date)					