MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Date Received (MDEQ use only) Operator Project # Postmark Notification # (MDEQ use only) 10/23/17 I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Gardiner Center Bldg, Name: Dick & Tom's Service Station & R&R Drive Thru Address 137 & 141 Leontyne Price Blvd. State: MS Zip:39440 Laurel City: Tel: Site Location: 3,000 SF total Age in Years: 75 / 30 # of Floors: **Building Size** Present Use: Vacant Prior Use: Service Station / Restaurant IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: Kamin Realty PO Box 10234 Address: State: PA Pittsburgh City: Zip: 15232 Tel.412-661-5237 Chuck Reali Contact: REMOVAL CONTRACTOR Specialty Abatement Services, Inc. PO Box 15925 Address: Hattiesburg City: State: MS Zip: 39404 601-264-5550 William H. Stamps Tel: Contact: Owner OTHER OPERATOR: Address: Zip: State: City: Contact: Yes - Roof Flashing & Pent on Service Station only V. IS ASBESTOS PRESENT? (Yes/No) VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Anthony Bryant 6/30/17 - PLM - , Floor Coating, plaster , ceiling tiles, caulk , window putty, mastics, Roofing VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable INCLUDING: Ashestos Material Not Indicate Unit of RACM To Be Removed Measurement Below Regulated ACM to be Removed To Be Category I ACM Not Removed Removed Category II ACM Not Removed Category I Category II UNIT LnFt: Ln M: **Pipes** 260 SF SqFt: X Sq M: Surface Area Cu M: CuFt: Vol RACM Off Facility Component Complete: 11/30/2017 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:11/6/2017 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/6/2017 Complete: 12/30/2017

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Removal of ACM Roof Flashing and penetrations They to Demo by owner XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE			
DEMOLITION OR RENOVATION SITE:			
. All ACM will Wetted and manually removed . Waste will be placed in clear, labeled, poly bags and a placed in properly lines container for disposal.			
XII. WASTE TRANSPORTER #1			
Name: Specialty Abatement Services, Inc.			The state of the s
Address: PO Box 15925			
City: Hattiesburg	State: MS	S	Zip: 39404
Contact Person: William H. Stamps	1 0.0.0		Tel: 601-264-5550
WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:		Zip:
Contact Person:			Tel:
XIII. WASTE DISPOSAL SITE			
Name: Pine Belt Regional Landfill			
Address:Hwy 29 N.			
City: Runnelstown	State: MS	3	Zip: 39465
Tel: 601-545-6676			
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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: All work will stop. MDEQ will be notified.			
XVII. 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 OURING NORMAL BUSINESS HOURS.			
Anthony Bryant Type or Print Name (Signature of Owner/Operator) (Date)			10/23/17
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRESPONDENT	RECT:	+	10/23/17
Type or Print Name (Signature of Owner/Open	ignature of Owner/Operator)		(Date)