MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Date Received (MDEQ use only) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Re-Revised C-Canceled A- Annual) In Type of Notification (O-Original Revised C-Canceled A- Annual) In Type of Notification (O-Original Revised A- Annual) In Type of Notif	Mail notification to:	MDEQ Asbestos Se	ection, 515	E. Amite Street	t, Jackson, IVIS 39	201				
III. TYPE OF OPERATION (De-Demo Q= Ordered Demo R=Renovation E=Emer. Renovation) III. FACILITY DESCRIPTION (include building name, number and floor or room nymber) Bilga, Name: Nathce Community typital Address 129 Jeffusin Davis Glock City: Nathce State: MS Zip: State Location: Tel: Downing Size YO, DINST # of Floors: Age in Years: YO T Present Use: Prior Use: Prior Use: Nu Spital NV. FACILITY INFORMATION (Identity owner, removal contractor, and other operator) OMNER NAME: MC1, T Health Nathce City: Nathce State: MS Zip: 39 (20) Contact: Jasin Lunch REMOVAL CONTRACTOR Number And Management Plus, Tac. Address: Jo. Part 9341 City: Jasin Martine State: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Address: Jasin Martine State: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Address: Jasin Martine State: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Address: Jasin Martine State: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Address: Jasin MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Address: Jasin MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Address: Jasin MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Address: Jasin MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Address: Jasin MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Total Contact: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Address: Jasin MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Total Contact: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Total Contact: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Total Contact: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Total Contact: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Total Contact: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Total Contact: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Total Contact: MS Zip: 39 (20) OTHER OPERATOR: Southern Land Management Total Conta	Operator Project #	Postmark		Date Received	(MDEQ use only)	Notification #	(MDEQ use only)			
III. FACILITY DESCRIPTION (Include building name, number and floor or room nymber) Bidg. Name: NA thez Community Tuspital Address 129 Jettusun Vauis Bidg. City: Nather State: M.S. Zip: Jettusun: M.S. Zip: State: M.S. Zip: Jettusun: M.S. Zip: Jetusun: M.	Type of Notification (O=Original R=Revised C=Canceled A= Annual)									
III. FACILITY DESCRIPTION (Include building name, number and floor or room nymber) Bidg. Name: NA thez Community Tuspital Address 129 Jettusun Vauis Bidg. City: Nather State: M.S. Zip: Jettusun: M.S. Zip: State: M.S. Zip: Jettusun: M.S. Zip: Jetusun: M.	II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)									
Address 29 Jefferson Davis Bloc. City: Nathlee State: MS Zip: Site Location: Tel: But my Size 40 DINST # of Floors: 2 Age in Years: 40 t Present Use: Negative Mean of the operator) V. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: Melit Health Nathlee OWNER NAME: Melit Health Nathlee Contact: Jasin Land Tel: Wol-443-2604 Contact: Jasin Land Tel: Wol-443-2604 REMOVAL CONTRACTOR QUI I'M mental Management Plus, Tel: City: Guident State: MS Zip: 39286 City: Mathlee Contact: Joy Auburn Ind. City: Mathlee City: Mathlee City: Mathlee Contact: Joy Auburn Ind. City: Mathlee City: Mathlee City: Mathlee City: Mathlee Contact: Joy Auburn Ind. City: Mathlee Contact: Joy Auburn Ind. City: Mathlee City: Mathlee Contact: Joy Auburn Ind. City: Mathlee City: Mathlee Contact: Joy Auburn Ind. Category I ACM Not Removed Category I ACM Not Removed Category I Category II UNIT Complete: Joy Mi. Complete: Joy Mi. Complete: Joy Mi. Complete: Joy Auburn Comp										
City: Nathlet State: M.5 Zip: Site Location: Tel: Site Location: Tel: Site Location: Tel: Site Location: Tel: Vicant Prior Use: Vicant Prior Use: N. FAGILITY INFORMATION (Identity owner, removal contractor, and other operator) OWNER NAME: Melit Health Nathez Address: Sy Sat Pent'ss Dy. City: Nathlez State: M.5 Zip: 39120 Contact: Jasim Land Removal Contractor City: Guilly Martin Tel: Wol-943-2604 Removal Contact: Jasim Land Management Plus, T.c. Address: July Martin Tel: Wol-922-1919 Tel: Wol-922										
Site Location: Fresent Use: Vacant Prior Use: Prio										
Present Use: Vacant Prior Use: Vacant Prior Use: No Spital IV. FACILITY INFORMATION (Identity owner, removal contractor, and other operator) OWNER NAME: Me (ith Health Nature) Address: Sy Sat Meanth Tal: Contact: Jasin Lynch REMOVAL CONTRACTOR Address: For July State: MS Zip: 39(2) Tal: Colly July 3-2604 REMOVAL CONTRACTOR Address: Live July 3-2604 REMOVAL CONTRACTOR Address: No July 3461 City: State: MS Zip: 39286 Tal: Colly 322-1919 OTHER OPERATOR: OTHER OPERATOR: OTHER OPERATOR: Javan Lynch City: Nature State: MS Zip: 39286 Tal: Colly 392-1919 OTHER OPERATOR: OTHER OPERATOR: Sulface State: MS Zip: 39280 Tal: Colly 392-1919 OTHER OPERATOR: OTHER OPERATOR: Sulface State: MS Zip: 39120 Contact: Jod foster Coll 334-1852 V. I SASBESTOS PRESENT? (Yes/No) V. I PROCEDURE. INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspection): To P. Mc Carle of ABBI-18603 Notificable Asbestos Material Not To Be Removed REMOVED Category II ACM Not Removed REMOVED Category II ACM Not Removed	N. 1102			115	Zip:					
Prior Use: Prior Use: No	Site Location:			Tel:						
IV. FACILITY INFORMATION (Identity owner, removal contractor, and other operator) OWNER NAME: Melit Health Nature Address: 54 Sat Vent's V. City: Nature2 State: MS Zip: 39120 Contact: Jasun Lynch REMOVAL CONTRACTOR Pull of Markey Marke	Builing Size 40, 000	# of Floors	" of the original to the origi							
OWNER NAME: Melit Health Nathez Address: 54 Set 16cm'ss Dr. City: Nathez State: M5 Zip: 39 120 Tel: VOI-443-2604 REMOVAL CONTRACTOR Environmental Management Plus, Jac. Address: 6.0 last 9361 City: Jack Martin Tel: Wol-922-1919 OTHER OPERATOR: Southern Land Management Address: 136 Auburn And. City: Mathez State: M5 Zip: 39 120 OTHER OPERATOR: Southern Land Management Address: 136 Auburn And. City: Mathez State: M5 Zip: 39 120 Contact: Jody Foster Wol-334-1852 V. IS ASBESTOS PRESENT? (Yes/No) Ve S V. IS ASBESTOS PRESENT? (Yes/No) To Be Removed and date of inspection): VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): VI. RACCOUNTIES AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): VI. RACCOUNTIES AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): VI. APPROXIMATE AMOUNT OF ASBESTOS REMOVED ASBESTOS MATERIAL MATERIAL MATERIA	Present Use: Vac	Prior Use:	ruse: huspital							
Address: 5 Y Sat Ment's Dr. City: Naturez State: M5 Zip: 39 (20) Tel: U01-443-2604 REMOVAL CONTRACTOR OU' (M. mental Maragement Plus, Te. Address: 6.0. how 9361 City: January State: M5 Zip: 39260 Contact: Mired Martin Tel: U01-922-1919 OTHER OPERATOR: SOUTHER HAND MARAGEMENT Address: 3 U Musery Are. City: Mathez State: M5 Zip: 39120 Contact: Jody Foster W01-334-1852 V. IS ASBESTOS PRESENT? (Yes/No) V6 S VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include Inspector name and date of inspector): J. M. Carley (ABJ-868) 10 2017 - PLM VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category I ACM Not Removed 3. Category II ACM Not Removed Category II Category II UNIT Pipes ST. Authoritic Surface Area FT Mash C (M. MIDD/YY) Start: 12 21 7 Complete: 13 1 18 VII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12 21 7 Complete: 13 1 18										
Address: 5 Y Sqt (lectiss or. City: Nature2 State: M5 Zip: 39 (20) Tel: VOI-443-2604 REMOVAL CONTRACTOR Equilibrium mental Navagement Plus, Jac. Address: f. 0. how 9361 City: Jacky State: M5 Zip: 39266 Contact: Utted Martin Tel: W1-922-1919 OTHER OPERATOR: Southern hand Management Address: 3 & Auburn Are. City: Matchez State: M5 Zip: 39120 Contact: Jacky Foster W0-334-1252 V. IS ASBESTOS PRESENT? (Yes/No) Ye S VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include Inspector name and date of inspector): J. P. Na Carley (ABJ-868) VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category I ACM Not Removed 4. Removed 5. Category I ACM Not Removed 6. Category II ACM Not Removed 7. De Removed 8. Category II Category II UNIT Pipes 8. State: M5 Zip: 39120 Category II Category II UNIT VII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12 21 17 Complete: 13 1 18	OWNER NAME: Me 1.+ Health Natchez									
City: Nativez State: M5 Zip: 39120 Contact: Jasin Lynch Tel: Vol-443-2604 REMOVAL CONTRACTOR COVIN Mental Navagement Plus, Jac. Address: Polar 9361 City: Jaufyn State: M5 Zip: 39286 Contact: Utred Mann Tel: W01-922-1919 OTHER OPERATOR: Southern Land Management Address: Jsu Auburn Inc. City: Matchez State: M5 Zip: 39120 Contact: Jod foster W01-334-1852 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): J. P. Mc Carle & GABT - 8643 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category I ACM Not Removed 3. Category I ACM Not Removed 4. Category I ACM Not Removed 5. Category I ACM Not Removed 6. Category I ACM Not Removed 7. DB Removed 7. Category I Category II UNIT Pipes VII. RAPPROXIMATE AMOUNT OF ASBESTOS REMOVAL (MM/DD/YY) Start: 12 21 7 Complete: 13118	=11 < 1 Pro -1: No									
Tel: 601-443-2604 REMOVAL CONTRACTOR RACTIVE Contact: Contact: Contact: Contact: City: Contact: City: Contact: Cont		State: A	15	Zip: 39120						
REMOVAL CONTRACTOR Address: O. how 9344 City: Contact: OTHER OPERATOR: Southern hand Management Address: OTHER OPERATOR: OTHER OPERAT	Tos. 1.		1.01 11/2 2/01/							
Address:	7 1 8/10									
OTHER OPERATOR: Souther of Land Management Address: 134 Auburn And. City: Matchez State: MS Zip: 39120 Contact: Jody Foster (201 - 334 - 1252) V. IS ASBESTOS PRESENT? (Yes/No) VES VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): J. P. Mc Carley (201 - 4003) 10 2017 - PLM VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 4. Category II ACM Not Removed Category II Category II VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12 21 17 Complete: 131 18										
OTHER OPERATOR: Southern Land Management Address: 3 & Auburn Land. City: Matchez State: MS Zip: 39/20 Contact: Jody Foster 600 - 334 - 1252 V. IS ASBESTOS PRESENT? (Yes/No) VS VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): J. Mc Carley + 485 - 8663 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 4. Category II ACM Not Removed 5. Category II ACM Not Removed 6. Category II ACM Not Removed 7. Category II Category II UNIT Pipes J. Autmatic Surface Area F. Masker Management Vol RACM Off Facility Component Vol RACM Off Facility Component VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12 21 1 8 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12 21 1 8	City: Garlin State: MS Zip: 39286									
Address: 36 Auburn Art. City: Matchez State: MS Zip: 39/20 Contact: Jod fester 60 - 334 - 1252 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): J. P. Mc Carle f 637 - 803 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 4. Category II ACM Not Removed 5. Category II ACM Not Removed 6. Category II ACM Not Removed 7. Category II Category II VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12 21 18 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12 21 18	Contact: Ultred Martin, Tel: 601-922-1919									
City: Nathez State: MS Zip: 39120 Contact: 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): VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 4. Category II ACM Not Removed 5. Category II ACM Not Removed 6. Category II ACM Not Removed 7. Removed 8. Category II ACM Not Removed 9. Category II ACM Not Removed 1. Category II Category II Category II UNIT Pipes 1. Lift SSD Lin M: Surface Area FT Mash C Translate Vol RACM Off Facility Component 1. Cuft: Cu M: Vol RACM Off Facility Component 1. Complete: II 31 II 8	OTHER OPERATOR: Southern Land Management									
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): J. P. Mc Carle y fa.B. J. 8003) 10 20 17 - PLM VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 4. Category II ACM Not Removed Category II Category II Pipes D. J.	Addicess.									
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): J. Mc (arle f 4.81 - 868) VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: Nonfriable Asbestos Material Not To Be Removed 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed Category II ACM Not Removed Category II Category II UNIT Pipes J. J	city: natche	State:	MS							
VII. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): J.P. Mc. (ar.le.) (ABJ - 1808) VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: Nonfriable Asbestos Material Not To Be Removed 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed Category II Category II VIII. Surface Area Vol RACM Off Facility Component VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:										
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Surface Area FT MGS & Transle Mont (25084) Vol RACM Off Facility Component VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: SqFt: 31, 500 Sq M: CuFt: Cu M: Complete: 13118			Category I		Category II UNIT		INIT			
Surface Area FT MGS & Transle Mont (25084) Vol RACM Off Facility Component VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: SqFt: 31, 500 Sq M: CuFt: Cu M: Complete: 13118	Pines	dustmath				LDE 2850	Ln M:			
Vol RACM Off Facility Component VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: CuFt: Cu M: Complete: 13118	17 MACELL		Ac /Aort	(250sf)		-				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/21/17 Complete: 1/31/18			10							
21' 1, 0 1/20, 0		OS REMOVAL (MM/DD/)	(Y) Start:	12/2	1/17		1 10			
				2111	8	Complete:	1/2018			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION 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: Critical barrier containment								
XII. WASTE TRANSPORTER #1								
Name: Bluff City Forming	nent la	stal						
Address: P.D. B DD 1443	ACTO 10-C	aroc .						
City: Matchez, MS	State		7in.					
Contact Person: Kole	State:		Tel: (001 - 807-7697					
			Tel. WVI- DV I- JV I					
WASTE TRANSPORTER #2								
Name:								
City:	State:		Zip:					
Contact Person:	State.		Tel:					
XIII. WASTE DISPOSAL SITE								
Name: Biverbend Environmental Services handfill								
Address: 4451 Hwy 61								
City: Fare He	State: N	15	Zip:					
Tel:								
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:								
Name:		Title:						
Authority:								
Date of Order (MM/DD/YY):	4	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:			as J. J. B.					
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:								
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PRONSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING Type or Print Name (Signature of Owner/Open	D EVIDENCE	THIS REGULA PHAT THE REG BUSINESS H	ATION (40 CFR PART 61, SUBPART M) WILL BE QUIRED TRAINING HAS BEEN ACCOMPLISHED BY DURS. (Date)					
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS COR	ONLIN	Idua	6 12/11/17					
Type or Print Name (Signature of Owner/Ope	rator)	W. (12/13/19/7					