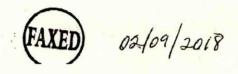
## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Man Bothication to:	MIDE Q ASDES	ios section, 313	E. Amite Street	t, Jackson, Mis 39	201				
Operator Project #	Postmark		Date Received	(MDEQ use only)	Notification #	(MDEQ use only)			
Type of Notification (O=Original R=Revised C=Canceled A= Annual) R #1									
II. TYPE OF OPERATION (D=Damo O= Ordered Demo R=Renovation E=Emer. Renovation)									
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)									
Bldg. Name: Building at Motley Road & South Frontage Road									
Address Motley Road & South Frontage Road									
City: Columbus		State: MS	3	zip: 39701					
Site Location: Lowndes CO		Tel: 662.816.4707							
Building Size (2) 2150 sqft		# of Floors	# of Floors: 1 Age in Years:						
Present Use: Vacant		Prior Use:	Prior Use: Residence						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)									
OWNER NAME: ATMOS Energy Corporation									
Address: 5420 LBJ Freeway Suite 1800									
City: Dallas		State: TX		zip: 75240					
Contact: Warren Miconi		Tel: 662.816.4707							
REMOVAL CONTRACTOR Gulf Services Contracting, Inc.									
Address: 5000 Rangeline Road									
<sub>City:</sub> Mobile		State: AL		zlp: 36619					
Contact: Jonathan Valle				Tel: 251-443-8161					
OTHER OPERATOR: TBD									
Address:						2			
City:		State:		Zip:					
Contact:									
V. IS ASBESTOS PRESENT? (Yes/No) Yes									
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):									
Bulk Sample-PLM Analysis. Inspector: Lee A. Polk, 09/29/2017									
VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable									
INCLUDING:		Mat		stos al Not	Indicate Unit of				
Regulated ACM to be Remo		To Be	To Be R	emoved	Measurement Below				
<ol> <li>Category I ACM Not Remove</li> <li>Category II ACM Not Remove</li> </ol>		Removed	Category I	Category II	UNIT				
MAN AND AND AND AND AND AND AND AND AND A	V	AT/Mastic			XXX 1000 SF	Ln M:			
Surface Area		Texture		~	SqFt: 1800	Sq M:			
Vol RACM Off Facility Component					CuFt:	Cu M:			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/20/2018 Complete: 02/27/2018									
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TBD Complete:									



X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:								
Asbestos Abatement by Gulf Services-Subsequent demo by separate Contractor TBD								
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:								
Negative Pressure, Wet Methods.								
XII. WASTE TRANSPORTER #1								
Name: Waste Pro USA								
Address: 1600 South 12th Avenue								
city: Columbus	State: MS		Zip:					
Contact Person: Julie Goodin			Tel: 662-328-5528					
WASTE TRANSPORTER #2 N/A								
Name:								
Address:								
City:	State:		Zip:					
Contact Person:	ntact Person:							
XIII. WASTE DISPOSAL SITE								
Name: Robo Asbestos Landfill								
Address: Route 1 Field Road East End								
<sub>City:</sub> Shuqualak	State: MS		Zlp: 39361					
Tel: 662361-0300								
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:								
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 Owner and MDEQ of any changes.								
XVII. I CERTIFY THAT AN INDIVIDUAL TRANSED 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/Operator)  O2/09/2018  (Date)								
XVIII, I CERTIFY THAT THE ABOVE THE BRAHENIS CORRECT:								
Jonathan Valle 02/09/2018								
Type or Print Name (Signature of Owner/Oper	rator)		(Date)					