MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Site Location: Tel: 601-939-2288		tmark	30011011,01	Date Received	(MDEQ use only)	Notification #	(MDEQ use only)		
III. TAPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R IIII. FACILITY DESCRIPTION (Include building name, number and floor or room number) Bildg, Name, Richland Upper Elementary Address 175 Wilson Drive City. Richland State: MS Size: 39218 Tel: 601-939-2288 Building Size: 50,000 +/- # of Floors: 1 Age in Years: 75+/- Present Use: Classrooms IV. FACILITY INFORMATION (Identify owner. removal contractor, and other operator) OWNER NAME: Rankin County School District Address: 1220 Apple Park Place City. Brandon City: Flowood Contact Tel: 601-825-5590 REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood Contact City: Flowood Contact: Chuck Womack OTHER OPERATOR: Richard Womack Construction, LLC Address: P. O. Box 541 City: Magee Contact: Richard Womack VI: ASSESTOS PRESENTY (Yes/No) YeS VI: PROCEDURE: INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASSESTOS MATERIAL (Include inspector) and	I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) MAY 0 9 2018 Bidg. Name, Richland Upper Elementary Address 175 Wilson Drive City, Richland State, MS Zip; 39218 Site Location: Tel; 601-939-2288 Building Size 50,000 +/- # of Floors: 1 Age in Years; 75+/- Present Use: Classrooms IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME. Rankin County School District Address: 1220 Apple Park Place City, Brandon State: MS Zip; 39042 Contact: Tel: 601-825-5590 REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City, Flowcod State: MS Zip; 39232 Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Richard Womack Construction, LLC Address: P. O. Box 541 City, Magee Contact: Richard Womack VI. SASBESTOS PRESENT? (Yes/No) Yes VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Indicude Inspection): PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS NOTIFICATION Facility Component 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category I ACM Not Removed 4. Removed 5. Surface Area Vol RACM Off Facility Component 5. Surface Area Vol RACM Off Facility Componen					R		and the same		
Bidg, Name, Richland Upper Elementary Address 175 Wilson Drive City, Richland Site Location: Tel: 601-939-2288 Building Size 50,000 +/- ## of Floors: 1 Age in Years. 75+/- Present Use. Classrooms Prior Use: Classrooms Pr	MAY 0 9 2018								
State: MS Zip: 39218 Tel: 601-939-2288 Building Size 50,000 +/- # of Floors: 1 Age in Years: 75+/- Present Use: Classrooms Prior Use: Cl				,		Dont of Env	Generated Quality		
Tel 601-939-2288	Dept. of Environmental Quality								
Building Size 50,000 +/- Present Use: Classrooms IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME. Rankin County School District Address: 1220 Apple Park Place City: Brandon State: MS Zip: 39042 Contact: Tel: 601-825-5590 REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood State: MS Zip: 39232 Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Richard Womack Construction, LLC Address. P. O. Box 541 City: Magee State: MS Zip: 39218 Contact: Richard Womack V. IS ASBESTOS PRESENT? (Yes/No) Yes VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector) rame and date of inspection) Includions: PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction RACM To Be Removed Category I ACM Not Removed Category I ACM Not Removed 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 4. Regulated ACM to be Removed 5. Surface Area Vol RACM Off Facility Component VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY), Start: VIII. SCHEDULED DATES ASBESTO	City: Richland		State: M	S	zip: 39218				
Present Use: Classrooms IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: Rankin County School District Address: 1220 Apple Park Place City: Brandon State: MS Zip: 39042 Contact: Tel: 601-825-5590 REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood State: MS Zip: 39232 Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Richard Womack Construction, LLC Address: P. O. Box 541 City: Magee State: MS Zip: 39218 Contact: Richard Womack 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 inspector) Including: PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspector) I. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category I ACM Not Removed 4. Removed 4. Removed 4. Category I ACM Not Removed 5. Surface Area 5. 100 sq ft FT/M 1,100 in ft flashing 5. SqFt X 5. Sq M: Vol. RACM Off Facility Component 50 sq ft fittings 5. CuFt: Cu M: VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY), Start: 5/22/18 5. Complete; 6/22/18	Site Location:				Tel: 601-939-22	288			
Present Use: Classrooms IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: Rankin County School District Address: 1220 Apple Park Place City: Brandon State: MS Zip: 39042 Contact: Tel: 601-825-5590 REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood State: MS Zip: 39232 Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Richard Womack Construction, LLC Address: P. O. Box 541 City: Magee State: MS Zip: 39218 Contact: Richard Womack 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 inspector) Including: PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspector) I. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category I ACM Not Removed 4. Removed 4. Removed 4. Category I ACM Not Removed 5. Surface Area 5. 100 sq ft FT/M 1,100 in ft flashing 5. SqFt X 5. Sq M: Vol. RACM Off Facility Component 50 sq ft fittings 5. CuFt: Cu M: VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY), Start: 5/22/18 5. Complete; 6/22/18	Building Size 50,000 +/-		# of Floo	rs: 1					
OWNER NAME: Rankin County School District Address: 1220 Apple Park Place City: Brandon State: MS Zip: 39042 Tel: 601-825-5590 REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood State: MS Zip: 39232 Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Richard Womack Construction, LLC Address: P. O. Box 541 Cuty: Magee State: MS Zip: 39218 Contact: Richard Womack 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): PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed To Be Removed Category I ACM Not Removed Removed Category I ACM Not Removed Removed To Be Removed To Be Removed Category I Category II UNIT Pipes Linft: X Lin M: Surface Area 100 sq ft FT/M 1,100 in ft flashing SqFt: X Sq M: VOI RACM Off Facility Component S0 sq ft fittings Compilete: 6/22/18	Present Use: Classrooms		Prior Use	: Classrooms					
Address: 1220 Apple Park Place City: Brandon	IV. FACILITY INFORMATION (Identify own	ner, removal contra	ctor, and oth	er operator)					
City: Brandon State: MS Zip: 39042 Tel: 601-825-5590	OWNER NAME: Rankin County	School Dis	trict						
REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood State: MS Zip: 39232 Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Richard Womack Construction, LLC Address: P. O. Box 541 City: Magee State: MS Zip: 39218 Contact: Richard Womack 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): PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed Category I ACM Not Removed Category I Category II UNIT Pipes Vol RACM Off Facility Component 50 sq ft fittings VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18	Address: 1220 Apple Park Place								
REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood Contact: Chuck Womack Contact: Chuck Womack City: Magee Contact: Richard Womack Construction, LLC Address: P. O. Box 541 City: Magee Contact: Richard Womack 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): PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: RACM To Be Removed Category I ACM Not Removed To Be Removed Category I Category II UNIT Pipes Unit: X Ln M: Surface Area Vol RACM Off Facility Component 50 sq ft fittings Cuft: Cu M: VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18	City: Brandon		State: M	S	Zip; 39042				
Address: 1450 Old Brandon Rd City: Flowood State: MS Zip: 39232 Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Richard Womack Construction, LLC Address: P. O. Box 541 City: Magee State: MS Zip: 39218 Contact: Richard Womack V. Is ASBESTOS PRESENT? (Yes/No) Yes VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspection): PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: Nonfriable Asbestos Material Not Indicate Unit of To Be Removed To	Contact:				Tel: 601-825-55	590			
Address: 1450 Old Brandon Rd City: Flowood State: MS Zip: 39232 Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Richard Womack Construction, LLC Address: P. O. Box 541 City: Magee State: MS Zip: 39218 Contact: Richard Womack V. Is ASBESTOS PRESENT? (Yes/No) Yes VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspection): PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: Nonfriable Asbestos Material Not Indicate Unit of To Be Removed To	REMOVAL CONTRACTOR Jeff Evans	, Inc. d/b/a Ea	gle Const	ruction					
Contact: Chuck Womack OTHER OPERATOR: Richard Womack Construction, LLC Address: P. O. Box 541 City: Magee Contact: Richard Womack 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): PLM Willie J Nester ABI-2244 WILL 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 7. Category II ACM Not Removed 7. Category II Category II UNIT Pipes Surface Area Vol RACM Off Facility Component 50 sq ft fittings VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18 Complete: 6/22/18	Address: 1450 Old Brandon Rd								
OTHER OPERATOR: Richard Womack Construction, LLC Address: P. O. Box 541 City: Magee State: MS Zip: 39218 Contact: Richard Womack 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): PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 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 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18 Complete: 6/22/18	City: Flowood			State: MS Zip: 3923		2			
Address: P. O. Box 541 City: Magee	Contact: Chuck Womack			Tel: 601-940-5		411			
City: Magee Contact: Richard Womack 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): PLM Willie J Nester ABI-2244 8/30/17 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 7. De Removed 8. Category II ACM Not Removed 1. Regulated ACM to be Removed 2. Category II ACM Not Removed 3. Category II ACM Not Removed 5. Category II ACM Not Removed 6. Category II Category II UNIT Pipes 8. LnFt: X Ln M: 8. Surface Area 9. Vol RACM Off Facility Component 9. Sq ft fittings 1. Cuft: Cu M: 9. Complete: 6/22/18	OTHER OPERATOR: Richard Woman	ck Constructio	n, LLC						
Contact: Richard Womack 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): PLM Willie J Nester ABI-2244 8/30/17 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 7. Category II Category II UNIT Pipes LnFt: X Ln M: Surface Area 100 sq ft FT/M 1,100 In ft flashing SqFt: X Sq M: Vol RACM Off Facility Component 50 sq ft fittings VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18	Address: P. O. Box 541								
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): PLM Willie J Nester ABI-2244 8/30/17 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 7. Category II Category II Pipes Surface Area Vol RACM Off Facility Component 50 sq ft fittings VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18 Complete: 6/22/18	City: Magee		State: MS		zip: 39218				
VII. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PLM Willie J Nester ABI-2244 8/30/17 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 8. Ln M: Surface Area 9. Vol RACM Off Facility Component 9. Sq ft fittings 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 4. Category II Category II UNIT Pipes 8. Ln M: 8. Sq M: 9. Vol RACM Off Facility Component 9. Sq ft fittings 9. CuFt: Cu M: 9. Complete: 6/22/18	Contact: Richard Womack								
PLM Willie J Nester ABI-2244 8/30/17 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: RACM	VI. PROCEDURE, INCLUDING ANALYTIC	AL METHOD, IF A	APPROPRIA	TE, USED TO DETE	CT THE PRESENCE	E OF ASBESTOS	MATERIAL		
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. To Be Removed 5. Category II ACM Not Removed 6. To Be Removed 7. Category II Category II Category II UNIT Pipes Surface Area 100 sq ft FT/M 1,100 in ft flashing SqFt; X Sq M: Vol RACM Off Facility Component VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18 Nonfriable Asbestos Material Not To Be Removed Category II UNIT Ln M: Cuft: Cu M: Cuft: Cu M:	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	1	ABI-2	244 8/	30/17				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed Pipes Surface Area Vol RACM Off Facility Component VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18 RACM To Be Removed Category I Category II Category II Category II UNIT Indicate Unit of Measurement Below LnFt: X Ln M: Vol RACM Off Facility Component Sqft: X Sq M: Complete: 6/22/18			7 (21 21						
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed Pipes Surface Area Vol RACM Off Facility Component To Be Removed Category I Category I Category II Category II UNIT Ln M: SqFt: X Sq M: Vol RACM Off Facility Component 50 sq ft fittings Cuft: Cu M: Complete: 6/22/18	INCLUDING:		Materi			Indica	Indicate Unit of		
3. Category II ACM Not Removed	Regulated ACM to be Removed			To Be R	emoved				
Surface Area 100 sq ft FT/M 1,100 In ft flashing SqFt; X Sq M: Vol RACM Off Facility Component 50 sq ft fittings CuFt: Cu M: VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18 Complete: 6/22/18		Re	emoved	Category I	Category II	ļ	UNIT		
Vol RACM Off Facility Component 50 sq ft fittings CuFt: Cu M: VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18 Complete: 6/22/18	Pipes					LnFt: X	Ln M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18 Complete: 6/22/18	Surface Area			100 sq ft FT/M	1,100 In ft flashing	SqFt: X	Sq M:		
	Vol RACM Off Facility Component	50 sq	ft fittings						
							2/18		
A. COLLEGEE DATE DEIVIDINE TO VALIDIA (MINI/DD/11) CIAIL.		***************************************	-	5/22/18					

Removal of asbestos containing materials with hand tools XL DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Stop work and notify competent person XII. WASTE TRANSPORTER #1 Name: Eagle Construction Address: 1450 Old Brandon Rd City, Flowcod State: MS Zip, 39232 Contact Person: WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person: Tel: XIII. WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person: Tel: XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City, Ridgeland State: MS Zip, 39157 Tel: 601-982-9488 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (MMDD/YY): XV. FOR EMERGENCY RENOVATIONS: Date and How of Emergency (MMDD/YY): Date and How of Emergency (MMDD/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 immediately and notify competent person VII. I CERTIFY THAT AN ININIPULAL TRANSEON THE PREPONSIONS OF THIS REQUILATION (a) CER PART 81, SUBPART MI, WIII. DE ONSITE DURING THE DEBOLUTION OR BEROVATION AND EVIDENCE THAT THE ERGULATION (a) CER PART 81, SUBPART MI, WIII. DE ONSITE DURING THE DEBOLUTION OR BEROVATION AND EVIDENCE THAT THE ERGULATION (a) CER PART 81, SUBPART MI, WIII. LEE ONSITE DURING THE DEBOLUTION OR SERVICE THE PREPONSIONS OF THIS REGULATION (a) CER PART 81, SUBPART MI, WIII. LEE ONSITE DURING THE DEBOLUTION OR SERVICE THE PREPONSIONS OR FIRE REGULATION (a) CER PART 81, SUBPART MI, WIII. LEE ONSITE DURING THE DEBOLUTION OR SERVICE THE PREPONSIONS OR SUBPART MI, WIII. LEE ONSITE DURING THE DEBOLUTION OR SE	X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVAT		(2)	S) TO BE USED:					
DEMOLITION OR REMOVATION SITE: Stop work and notify competent person XII. WASTE TRANSPORTER #1 Name: Eagle Construction Address: 1450 Old Brandon Rd City: Flowcod State: MS Zip: 39232 Contact Person Tei: 601-940-5411 WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person: Tei: 601-940-5411 WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person: Tei: XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City: Ridgeland State: MS Zip: 39157 Tei: 601-982-9488 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 ASSESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Stop work immediately and notify competent person XVII. LOERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURNO'S THAT THE ABOVE INFORMATION AND EVIDENCE THAT THE REQUIRED TRAINING NAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE PORT POWENCE THAT THE REQUIRED TRAINING NAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE PORT POWENCE THAT THE REQUIRED TRAINING NAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE PORT POWENCE THAT THE REQUIRED TRAINING NAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE PORT POWENCE THAT THE REQUIRED TRAINING NAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE PORT POWENCE THAT THE REQUIRED THAT THE REQUIRED TO POWDER. Stop 18918									
XII. WASTE TRANSPORTER #1 Name: Eagle Construction Address: 1450 Old Brandon Rd City: Flowcod State: MS Zip: 39232 Contact Person: Tel: 601-940-5411 WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person: Tel: XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City: Ridgeland State: MS Zip: 39157 Tel: 601-982-9488 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (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: Stop work immediately and notify competent person 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 EVIDONE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE, OR PROVISIONS OF THIS REGULATION (40 CFR PART 61. SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION. AND EVIDONE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE, OR PROVISIONS OF THIS REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE, OR PROVISIONS OF THIS REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE, OR PROVISION AND EVIDONE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE, OR PROVISION AND EVIDONE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE, OR PROVISION AND EVIDONE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE, OR PROVISION AND EVIDONE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISH		IG CONTROL	S TO BE USED	TO PREVENT EMISS	IONS OF ASBESTOS AT THE				
Name: Eagle Construction Address: 1450 Old Brandon Rd City, Flowcod State: MS Zip: 39232 Contact Person: Tat: 601-940-5411 WASTE TRANSPORTER #2 Name: Address: City: Contact Person: Tel: XIII. WASTE DISPOSAL SITE Name: Little Dixle Landfill Address: 1716 North County Line Rd City, Ridgeland State: MS Zip: 39157 Tel: 601-982-9488 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): VY. 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 ASSESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop work immediately and notify competent person VII. I CERTEY THAT AN INDIVIDUAL TRANSIN DISPERSON OF THIS REGULATION (40 CER PART 5), SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR BERNOVATION AND EVIDENCE THAT THE REQUIRED TRANSING HAS BEEN ACCOMPLISHED BY HIS PERSON WILL BE AVAILABLE FOR THESE CHANNING NORMAL BUSINESS HOURS Type or Pinnt Name (Signature of PowerCertain or University Has Developed that The REQUIRED TRANSING HAS BEEN ACCOMPLISHED BY HIS PERSON WILL BE AVAILABLE FOR THESE CHANNING NORMAL BUSINESS HOURS Type or Pinnt Name XVII. I CERTETY THAT THE NOBOLE IN FORMATION IS CORRECT: Chuck Womanck XVIII. I CERTETY THAT THE ABOVE IN FORMATION IS CORRECT: Chuck Womanck	Stop work and notify competent person								
Address: 1450 Old Brandon Rd City; Flowcood State: MS Zip; 39232 Tel: 601-940-5411 WASTE TRANSPORTER #2 Name: Address: City: Contact Person: Tel: 501-940-5411 WASTE BRANSPORTER #2 Name: Little Dixie Landfill Address: Zip: Contact Person: Tel: XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 716 North County Line Rd City; Ridgeland State: MS Zip; 39157 Tel: 601-982-9488 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Authority: Date of Order (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: Stop work immediately and notify competent person XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CER PART 61, SUBPART M) WILL BE ONSITE DURNING THE DEMOLITION of RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVIL OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY CIVI	XII. WASTE TRANSPORTER #1								
City: Flowcod State: MS Zip: 39232 Contact Person: WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person: Tel: Contact Person: Tel: Contact Person: Tel: XIII: WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City: Ridgeland State: MS Zip: 39157 Tel: Zip: 39157 Tel: Authority: Date 01-982-9488 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (MMDD/YY): Date of Order (MMDD/YY): Date of Order (MMDD/YY): Date and Hour of Emergency (MMDD/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 immediately and notify competent person 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 OB RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON UNIL BE AVAILABLE FOR TINGECTION OF NOMERO TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON UNIL BE AVAILABLE FOR TINGECTION OF OWNER OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON UNIL BE AVAILABLE FOR TINGECTION OF OWNER ONE NOMERO THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON UNIL BE AVAILABLE FOR TINGECTION OF OWNER OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON ONLINE BE AVAILABLE FOR TINGECTION OF OWNER OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON ONLINE BE AVAILABLE FOR TINGECTION OF OWNER OWNER OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON ONLINE BE AVAILABLE FOR TINGECTION OF THE THE TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON OWNER OWNER OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPL									
Contact Person: WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person: Tel: Dixie Landfill Address: 1 Tel: State: Zip: Tel: Tel: State: Zip: Contact Person: XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City: Ridgeland State: MS Zip: 39157 Tel: 601-982-9488 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: Stop work immediately and notify competent person 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 TRESCETTION DURING NAMAL BUSINESS HOURS. Chuck Womack XVIII. I CERTIFY THAT THE ABOVE IN FORMATION IS CORRECT: Chuck Womack XVIII. I CERTIFY THAT THE ABOVE IN FORMATION IS CORRECT: Chuck Womack	Address: 1450 Old Brandon Rd			•					
Name: Address: City: State: Zip: Contact Person: XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City. Ridgeland State: MS Zip: 39157 Tel: 601-982-9488 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Authority: Date of Order (MM/DD/YY): Date of Order (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. XVI. 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 PRESON WILL BE AVAILABLE FOR TRISPECTION AND REPOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PRESON WILL BE AVAILABLE FOR TRISPECTION DAMES NORMAL BUSINESS HOURS. Chuck Womack XVIII. I CERTIFY THAT THE ABOVE IN FORMATION IS CORRECT: Chuck Womack XVIII. I CERTIFY THAT THE ABOVE IN FORMATION IS CORRECT: Chuck Womack	_{City:} Flowood	State: MS		Zip: 39232					
Name: Address: City: State: Zip: Contact Person: Tel: XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City: Ridgeland State: MS Zip: 39157 Tel: 601-982-9488 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: Stop work immediately and notify competent person 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 OB RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR PRECEPTION DURING NHE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR PRECEPTION DURING NHE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR PRECEPTION DURING NHE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR PRECEPTION DURING NHE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR PRECEPTION DURING NHE NUMBER SHOURS. Chuck Womack XVIII. I CERTIFY THAT THE ABOVE-INFORMATION IS CORRECT: Chuck Womack	Contact Person:	Contact Person: Tel: 601-940-5411							
Address: City: State: Zip: Contact Person: Tel: XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City: Ridgeland State: MS Zip: 39157 Tel: 601-982-9488 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: Stop work immediately and notify competent person XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS RESULCTION 400 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 TWOSECTION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR TWOSECTION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR TWOSECTION DIRNING NORMAL BUSINESS HOURS. Chuck Womack XVIII. I CERTIFY THAT THE ABOVE IN COMMANDING CORRECT: Chuck Womack	WASTE TRANSPORTER #2								
City: State: Zip: Contact Person: Tel: XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City: Ridgeland State: MS Zip: 39157 Tel: 601-982-9488 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (MM/DD/YY): Date of Order (MM/DD/YY): Date of Order (MM/DD/YY): 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 immediately and notify competent person XVII. LICERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OF RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE, OR TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OF RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE, OR TRAINED HAND NORMAL BUSINESS HOURS. Chuck Womack XVIII. I CERTIFY THAT THE ABOVE-IN FORMATION IS CORRECT: Chuck Womack XVIII. I CERTIFY THAT THE ABOVE-IN FORMATION IS CORRECT: Chuck Womack XVIII. I CERTIFY THAT THE ABOVE-IN FORMATION IS CORRECT: Chuck Womack	Name:								
Contact Person: XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City: Ridgeland Tel: 601-982-9488 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Authority: Date Ordered to Begin (MM/DD/YY): V. 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. Stop work immediately and notify competent person XVII. LICERTIFY THAT AN INDIVIDUAL TRAINED IN THE FRONVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OB RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR THE PREVIOUS OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR THE PREVIOUS OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR THE PREVIOUS OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR THE PREVIOUS OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR THE PREVIOUS OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR THE PREVIOUS OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR THE PREVIOUS OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR THE PREVIOUS OF THE PREVIOUS OF THE PREVIOUS OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR THE PREVIOUS OF THE PREVIOUS	Address:								
XIII. WASTE DISPOSAL SITE Name: Little Dixie Landfill Address: 1716 North County Line Rd City: Ridgeland State: MS Zip: 39157 Tel: 601-982-9488 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, PULIVERIZED, OR REDUCED TO POWDER: Stop work immediately and notify competent person XVII. LICERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR BEROVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSECTION DURING NORMAL BUSINESS HOURS. Chuck Womack Sype of Print Name (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE IN FORMATION IS CORRECT: Chuck Womack 5/9/18	City:		Zip:						
Name: Little Dixie Landfill Address: 1716 North County Line Rd City: Ridgeland State: MS Zip: 39157 Tel: 601-982-9488 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): VX. 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, PULLVERIZED, OR REDUCED TO POWDER: Stop work immediately and notify competent person 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 DURING NORMAL BUSINESS HOURS. Chuck Womack XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18	Contact Person:	Tel:	al:						
Address: 1716 North County Line Rd City: Ridgeland State: MS Zip: 39157 Tel: 601-982-9488 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): 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, PULLVERIZED, OR REDUCED TO POWDER: Stop work immediately and notify competent person 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 DURING NORMAL BUSINESS HOURS. Chuck Womack Type or Print Name (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18	XIII. WASTE DISPOSAL SITE								
City: Ridgeland Tel: 601-982-9488 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: Stop work immediately and notify competent person XVII. LEERTIFY 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 DURING NORMAL BUSINESS HOURS. C'Houck Womack Type or Print Name (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE-INFORMATION IS CORRECT: Chuck Womack 5/9/18	Name: Little Dixie Landfill								
Tel: 601-982-9488 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (MM/DD/YY): Date of Order (MM/DD/YY): Date of Order (MM/DD/YY): 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 immediately and notify competent person XVII. LOERTIFY 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 TIS PECTHON DURING NORMAL BUSINESS HOURS. Chuck Womack Stignature of Owner/Operator) (Date) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18	Address: 1716 North County Line Rd								
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (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: Stop work immediately and notify competent person 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 TRAPECTION DURING NORMAL BUSINESS HOURS. Chuck Womack Type or Print Name (Signature of Owner/Operator) Chuck Womack 5/9/18	_{City:} Ridgeland	State: MS		Zip: 39157					
Name: 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: Stop work immediately and notify competent person 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 DURING NORMAL BUSINESS HOURS. Chuck Womack Type or Print Name (Signature of Owner/Operator) S19/18 (Date)	_{Tel:} 601-982-9488								
Authority: Date of Order (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: Stop work immediately and notify competent person 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 FORTISECTION DURING NORMAL BUSINESS HOURS. Chuck Womack Type or Print Name (Signature of Owner/Operator) (Date) XVIII. I CERTIFY THAT THE ABOVE-INFORMATION IS CORRECT: Chuck Womack 5/9/18	XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:								
Date of Order (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: Stop work immediately and notify competent person 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 DURING NORMAL BUSINESS HOURS. Chuck Womack Type or Print Name (Signature of Owner/Operator) Sylli. I CERTIFY THAT THE ABOVE-INFORMATION IS CORRECT: Chuck Womack 5/9/18	Name: Title:								
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: Stop work immediately and notify competent person 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 DURING NORMAL BUSINESS HOURS. Chuck Womack (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18	Authority:								
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 immediately and notify competent person 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 DURING NORMAL BUSINESS HOURS. Chuck Womack Stop to the sudden unexpected event: Chuck Womack 5/9/18 STORY OF THIS PROVIDED ASSESSMENT OF THE PROVISIONS OF THIS PROVIDED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. Chuck Womack 5/9/18	Date of Order (MM/DD/YY):		Date Ordered to Begin (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 immediately and notify competent person 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 DURING NORMAL BUSINESS HOURS. Chuck Womack Type or Print Name (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18	XV. FOR EMERGENCY RENOVATIONS:								
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 immediately and notify competent person 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 DURING NORMAL BUSINESS HOURS. Chuck Womack Type or Print Name (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18	Date and Hour of Emergency (MM/DD/YY):								
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 immediately and notify competent person 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 DURING NORMAL BUSINESS HOURS. Chuck Womack Type or Print Name (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18	Description of the sudden unexpected event:		_	_					
NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop work immediately and notify competent person 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 DURING NORMAL BUSINESS HOURS. Chuck Womack Type or Print Name (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:								
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 DURING NORMAL BUSINESS HOURS. Chuck Womack (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18	NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED	, PULVERIZE	ED, OR REDUCE		FOUND OR PREVIOUSLY				
Chuck Womack Type or Print Name (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18	XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PRO ONSITE DURING THE DEMOLITION OF RENOVATION, AND	VISIONS OF EVIDENCE T	THIS REGULAT	JIRED TRAINING HAS					
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 5/9/18		NORMAL							
Chuck Womack 5/9/18	Type or Print Name (Signature of Owner/Opera	ator)			(Date)				
		ECT:		1					
Type or Print Name (Signature or Owner/Operator) (Date)					(Data)				
	Type of Print Name (Signature of Owner/Opera	tor)			(Date)				

1000

.