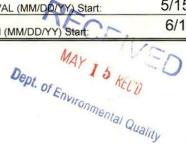
72138

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Operator Project #	Postmark	ction, 515		(MDEQ use only)	Notification #	(MDEQ use only)	
Type of Notification (O=Original R=Revised C=Canceled A= Annual)				R			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)					D		
III. FACILITY DESCRIPTION (Include							
Bldg. Name:	building name, number a		Tyner Law O	ffice			
Address) I-55 North				
lookoon		State:	MS	Zip: 39211			
ite Location: 5750 I-55 North, Jackson				Tel:			
0.000		# of Floors:	3	Age in Years: 25+			
Commercial		Prior Use:		Commercial			
IV. FACILITY INFORMATION (Identify	owner, removal contract	or, and other	operator)				
OWNER NAME: KMS Investments, LLC							
Address:	5728 I-55 North						
la alra an		State:	MS	Zip:	39211		
Contact: Phil Moore				Tel: 601-956-0150			
REMOVAL CONTRACTOR		1	M and M Serv	ices, Inc.			
Address:		Post Of	fice Box 6843	1			
City: Jackson Stat		State:	MS	Zip:	ip: 39286		
Contact:	ntact: Dale McGuffie			Tel:	601-982-8695		
OTHER OPERATOR:			N/A				
Address:			N/A				
City: N/A		State:	N/A	Zip:	N/A		
Contact:	N/A						
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 ins	spection):				OF ASBESTOS	WATERIAL	
	Chuck W	/omac	k, PLM, 2	2-1-17			
VII. APPROXIMATE AMOUNT OF ASE INCLUDING:	OF ASBESTOS			Nonfriable Asbestos			
		Mate		al Not emoved		Indicate Unit of Measurement Below	
 Regulated ACM to be Remove Category I ACM Not Remove 	ed Rem	Be oved	Category I	Category II	UNIT		
3. Category II ACM Not Remove	ed						
Pipes	OOTING				LnFt:	Ln M:	
Surface Area Floor tile & M	astic		10000		SqFt: XX	Sq M:	
Vol RACM Off Facility Component					CuFt:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		Start:	5/15/2018		Complete: 12/31/2018		
IX. SCHEDULED DATES DEMO/RENO			6/1/20			2/31/2018	
J. J							



X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Remove asbestos floor tile and mastic and exterior water proofing - wet methods, then demolish at the XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Each work area will be contained in plastic and put under negative pressure to prevent exposure outside the work area. Workers will don proper protective clothing and respiratory protection. XII. WASTE TRANSPORTER #1 M and M Services, Inc. M and M Services, Inc. Name: Post Office Box 68431 Address: Jackson MS 39286 City: State: Zip: Dale McGuffie 601-982-8695 Contact Person: Tel: N/A WASTE TRANSPORTER #2 N/A Name: N/A Address: N/A N/A N/A City: State: Zip: N/A N/A Contact Person: Tel: XIII. WASTE DISPOSAL SITE Little Dixie Landfill Name: 1761 County Line Road Address: Ridgeland MS 39157 Zip: City: 601-982-9488 Tel: XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A N/A Title: Name: N/A Authority: N/A N/A Date Ordered to Begin (MM/DD/YY): Date of Order (MM/DD/YY): N/A XV. FOR EMERGENCY RENOVATIONS: N/A Date and Hour of Emergency (MM/DD/YY): N/A 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:

cease operations and notify MDEQ.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (4	0 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 NORWAL BUSINESS HOURS.	

Dale McGuffie, Presiden	t 00/1/1/1/1/	5/14/2018
Type or Print Name	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE A	BOVE INFORMATION IS CORRECT.	
Dale McGuffie, Presider	nt VCVVVVV	5/14/2018
Type or Print Name	(Signature of Owner/Operator)	(Date)