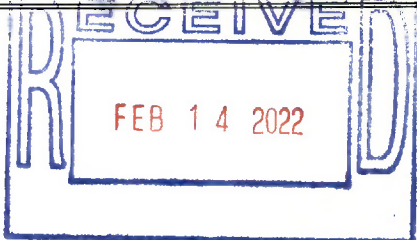


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

| Operator Project # | Postmark 2/11/22 | Date Received (MDEQ use only) 2/14/22 | Notification # (MDEQ use only) | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------|--------------------------------|------------------------------------|-------|
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O | | | | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R | | | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Apartments | | | | | |
| Bldg. Name: Southwest Apartments | | | | | |
| Address: 3340 Hartley Street | | | | | |
| City: Jackson | State: MS | Zip: 39206 | | | |
| Site Location: | | | Tel: | | |
| Building Size: 125,000sf (Apartments) | # of Floors: 2 | Age in Years: 40+/- | | | |
| Present Use: Apartments | Prior Use: same | | | | |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | | | |
| OWNER NAME: Hughes Spellings Dev. | | | | | |
| Address: 214 Key Drive, Ste. 1000 | | | | | |
| City: Madison | State: MS | Zip: 39110 | | | |
| Contact: Jody Foster | | | Tel: 601 334-1252 | | |
| REMOVAL CONTRACTOR: EMP | | | | | |
| Address: PO BOX 9361 | | | | | |
| City: Jackson | State: MS | Zip: 39286-9361 | | | |
| Contact: Alfred Martin | | | Tel: 601 573-1585 | | |
| OTHER OPERATOR: | | | | | |
| Address: | | | | | |
| 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): Willie Nester | | | | | |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: | | | | | |
| 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed | RACM To Be Removed | Nonfriable Asbestos Material Not To Be Removed | | Indicate Unit of Measurement Below | |
| | | Category I | Category II | UNIT | |
| Pipes | | | | Ln Ft: | Ln M: |
| Surface Area 128 units | | Drywall | | Sq Ft: 100,250sf | Sq M: |
| Vol RACM Off Facility Component | | | | Cu Ft: | Cu M: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: February 28, 2022 Complete: January 31, 2022 | | | | | |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TBD Complete: TBD | | | | | |



X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Wet removal

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Window Removal (Appr. 91)

XII. WASTE TRANSPORTER #1 ADS

Name:

Address: Springridge Rd.

City: Clinton

State: MS

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: West County Line Road

City: Madison County

State: MS

Zip:

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 ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

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.

Alfred Martin, Jr., Ph.D.

Type or Print Name

(Signature of Owner/Operator)

February 10, 2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred Martin, Jr., Ph.D.

Type or Print Name

(Signature of Owner/Operator)

February 10, 2022

(Date)