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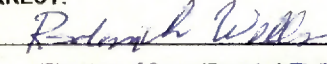
MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 7/5/2022	AI Number
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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: LINEN SERVICES				
Address: 956 North Broadway St Greenville Ms. 38701				
City: Greenville MS		State: MS	Zip: 38701	
Site Location: Same as above		Tel: 225-218-8878		
Building Size: 4500SF		# of Floors: 1	Age in Years: 50+	
Present Use: None		Prior Use: Office Building		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Westport linen Services				
Address: 510 Kommeyers Plz.				
City: Baton Rouge LA 70806		State: LA	Zip: 70806	
Contact: Tyler Katrina		Tel: 225-218-8878		
ASBESTOS REMOVAL CONTRACTOR: HATTIESBURG DEMOLITION				
Address: 3403 PEARL STREET				
City: HATTIESBURG		State: MS	Zip: 39401	
Contact: RODRICK WELLS		Tel: 682-772-7631/601-620-9976		
Certification Number: ABC-00009508			Expiration Date: 03/25/2023	
OTHER OPERATOR: Commercial Restoration Compan				
Address: 13725 S Mur-len Rd				
City: Olathe KS. 66062		State: KS	Zip: 66062	
Contact: TYLER KATRANA		Tel: 855-584-7887		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 6-24-22	
Inspector: Alexander Cordan		Certification Number: ABI00008038	Expiration Date: 4-27-23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
FLOORS, WALLS, CEILINGS, ROOFS, WINDOWS				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 4300SF FLOOR TILE		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-19-22 Complete: 7-25-22				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-25-22 Complete: 8-15-22				

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XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
XIII. WASTE TRANSPORTER #1		
Name: HATTIESBURG DEMOLITION		
Address: 3403 PEARL STREET		
City: HATTIESBURG	State: MS	Zip: 39401
Contact Person: RODRICK WELLS		Tel: 601-620-7796
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE WASTE MANAGEMENT		
Name: LELAND LANDFILL		
Address: 52 Landfill Rd, Leland, MS 38756		
City: LELAND	State: MS	Zip: 38756
Contact Person: Dispatch		Tel: (662) 332-4487
XV. 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):
XVI. 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:		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:		
Halt all work and notify the proper authority		
XVIII. 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.		
Rodrick Wells		6-29-22
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Rodrick Wells		6-29-22
Type or Print Name	(Signature of Owner/Operator)	(Date)

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