MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

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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):

Bldg. Name: Milam Elementary School

Address: 720 W. Jefferson Street

City: Tupelo          State: MS          Zip: 38804

Site Location: Main Building

Building Size: Unknown

# of Floors: 2

Age in Years:

Present Use: Elementary School

Prior Use: Elementary School

IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)

OWNER NAME: Tupelo Public School District

Address: PO Box 577

City: Tupelo          State: MS          Zip: 38802

Contact: N/A

Tel. 662-841-8850

ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC

Address: 7705 Northshore Place

City: North Little Rock State: AR          Zip: 72118

Contact: Andrew Ables

Tel. 601-559-2185

Certification Number: ABC-00009502

Expiration Date: 10-6-2022

OTHER OPERATOR: N/A

Address: N/A

City: N/A          State: N/A          Zip: N/A

Contact: N/A

Tel. N/A

V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes

WAS ASBESTOS PRESENT? (Yes/No): Yes

Inspection Date: 1/13/2016

Inspector: Willie Nester

Certification Number: ABI-00002244

Expiration Date: 1/15/2016

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

PLM Bulk Samples

VII. QUANTITY OF RACM TO BE REMOVED:

Pipes (IN FT): Surface Area (SQ FT): Volume of Facility Components (CU FT):

VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 6,108 SF

Category I: Category II: Floor Tile/Mastic

IX. SCHEDULED DATES ASBESTOS REMOVAL (MMDDYY) Start: 6/27/2022 Complete: 7/8/2022

X. SCHEDULED DATES DEMO/RENOVATION (MMDDYY) Start: Complete:
XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Materials listed will be removed by hand so facility can be renovated.

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

Materials will be wetted before/during/after abatement, packaged, labeled & transported to certified landfill.

XIII. WASTE TRANSPORTER #1

Name: RES
Address: 1041 CR 549
City: Ripley  State: MS  Zip: 38663
Contact Person: Shea Mask  Tel: 662-882-3853

XIV. WASTE DISPOSAL SITE

Name: Three Rivers Regional Landfill
Address: 1904 Parkway West
City: Pontotoc  State: MS  Zip: 38863
Contact Person: Jeff Stanford  Tel: 662-489-2415

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A  Title: N/A
Authority: N/A
Date of Order (MM/DD/YY): N/A  Date Ordered to Begin (MM/DD/YY): N/A

XVI. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A
Description of the sudden unexpected event:
N/A
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
N/A

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Wet the unexpected, make safe and notify DEQ.

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.

Barbara McElroy
Type or Print Name
(Signature of Owner/Operator)  5/31/2022
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Barbara McElroy
Type or Print Name
(Signature of Owner/Operator)  5/31/2022
(Date)