MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM
Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

<table>
<thead>
<tr>
<th>Operator Project #</th>
<th>Postmark</th>
<th>Date Received</th>
<th>MDEQ Use only</th>
<th>Notification #</th>
<th>MDEQ Use only</th>
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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 R=Renovation E=Emer. Renovation) - D -
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)
Bldg. Name: TWO HOUSES
Address: 115 HWY 11 & 80 E.
City: MERIDIAN State: MS Zip: 39301
Site Location: 115 HWY 11 & 80 E.
Building Size 2 - 1400 S.F. # of Floors: 2 Age in Years: 45
Present Use: VACANT Prior Use: HOTEL MANAGEMENT HOUSES

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)
OWNER NAME: INN SERVE CORP.
Address: 512 22ND AVE.
City: MERIDIAN State: MS Zip: 39301
Contact: Tel: 
REMOVAL CONTRACTOR: BILLY SHUMATE CONST.
Address: P.O. BOX 4279
City: MERIDIAN State: MS Zip: 39304
Contact: BILLY SHUMATE Tel: 601-934-9337
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):
DON COOLEY, PLM, MAY 3rd 2022

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:

<table>
<thead>
<tr>
<th>Substance</th>
<th>RACM To Be Removed</th>
<th>Nonfriable Asbestos Material Not To Be Removed</th>
<th>Indicate Unit of Measurement Below</th>
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</thead>
<tbody>
<tr>
<td>Pipes</td>
<td></td>
<td>Category I</td>
<td>Category II</td>
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<tr>
<td>Surface Area</td>
<td>2000 S.F.</td>
<td>CEILING TEX.</td>
<td>SHEETROCK</td>
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<td>Vol RACM Off Facility Component</td>
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VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-17-22 Complete: 6-30-22
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6-31-22 Complete: 7-10-22
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
TOTAL DEMOLITION OF TWO HOUSES BY EXCAVATOR

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
WET METHOD, CONTAINMENT, DOUBLE BAGGING

XII. WASTE TRANSPORTER #1
Name: **BILLY SHUMATE CONSTRUCTION**
Address: P.O. BOX 4279
City: **MERIDIAN**
State: **MS**
Zip: 39304
Contact Person: **BILLY SHUMATE**
Tel: 601-934-9337

XIII. WASTE TRANSPORTER #2
Name:
Address:
City:
State: Zip:
Contact Person:
Tel:

XIV. WASTE DISPOSAL SITE
Name: **WASTE MANAGEMENT, PINE RIDGE LANDFILL**
Address: 520 MURPHY ROAD
City: **MERIDIAN**
State: **MS**
Zip: 39301
Tel: 601-483-0715

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

AS PER MDEQ REQUIREMENTS

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.

**BILLY SHUMATE CONST.**
Type or Print Name: (Signature of Owner/Operator): 6-2-22 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
**BILLY SHUMATE CONST.**
Type or Print Name: (Signature of Owner/Operator): 6-2-22 (Date)