





<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Removal of asbestos containing materials with hand tools		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: ADS, Inc		
Address: P. O. Box 1296		
City: Clinton	State: MS	Zip: 39060-1296
Contact Person: Mark Parkman	Tel: 601-925-0507	
<b>WASTE TRANSPORTER #2</b>		
Name: Eagle Construction		
Address: 1450 Old Brandon Rd		
City: Flowood	State: MS	Zip: 39232
Contact Person: Chuck Womack	Tel: 601-940-5411	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Little Dixie Landfill		
Address: 1716 North County Line Rd		
City: Ridgeland	State: MS	Zip: 39157
Contact Person:	Tel: 601-982-9488	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b>		
Stop work & notify owner, keep wet and double bag immediately		
<b>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.</b>		
Chuck Womack		1-21-25
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Chuck Womack		1-21-25
Type or Print Name	(Signature of Owner/Operator)	(Date)

Shield Sims: Amp 1

1. 509 Ave A = 3 bdrm. - 912
2. 601 Ave A = 4 bdrm. - 1200
3. 603 Ave A = 4 bdrm. - 1200

Jesse Carter: Amp 2

4. 1702 14th Ave = 2 bdrm. - 720
5. 1206 Clover = 2 bdrm. - 720
6. 1706 Wheat = 3 bdrm. - 912
7. 1705 Clover = 3 bdrm. - 912
8. 1711 12th Ave = 2 bdrm. (adjoined with Jesse Carter Community Center) - 720
9. 1605 12th Ave = 3 bdrm. - 912

T.V James: Amp 2

10. 1515 24th = 1 bdrm. - 600
11. 1519 24th = 2 bdrm. - 720
12. 1615 Milk = 2 bdrm. - 720
13. 2412 18th = 3 bdrm. - 912
14. 2407 Oat = 3 bdrm. - 912
15. 2409 Oat = 4 bdrm. - 1200
16. 2411 Oat = 4 bdrm. - 1200
17. 2415 Oat = 3 bdrm. - 912

W.M Wash: Amp 2

18. 2210 8th Ave = 3 bdrm. - 912
19. 2212 8th Ave = 3 bdrm. - 912
20. 2226 9th Ave = 3 bdrm. - 912