



Rev  
MAP

# 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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received <b>2-3-23</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>renovation</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <b>Housing Authority</b>				
Bldg. Name: <b>Starkville Housing Authority</b>				
Address: <b>101 W Wood St.</b>				
City: <b>Starkville</b>		State: <b>MS</b>	Zip: <b>39759</b>	
Site Location: <b>unit 144 pecan acres</b>				Tel:
Building Size: <b>1,200</b>		# of Floors: <b>1</b>	Age in Years: <b>40+</b>	
Present Use: <b>housing</b>		Prior Use: <b>housing</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Starkville Housing Authority</b>				
Address: <b>101 W Wood St.</b>				
City: <b>Starkville</b>		State: <b>TN</b>	Zip: <b>39759</b>	
Contact:				Tel:
ASBESTOS REMOVAL CONTRACTOR: <b>1-Source Services LLC</b>				
Address: <b>1807 Bartlett Rd. #A</b>				
City: <b>Memphis</b>		State: <b>T</b>	Zip: <b>38134</b>	
Contact: <b>Jairo Ortez</b>				Tel: <b>901 626 3301</b>
Certification Number: <b>ABC-00010450</b>			Expiration Date: <b>JUL 3rd 2023</b>	
OTHER OPERATOR: <b>NA</b>				
Address:				
City:		State:	Zip:	
Contact:				Tel:
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): <b>YES</b>			Inspection Date: <b>3/23-24/2023</b>	
Inspector: <b>Lamar Gilliland</b>		Certification Number: <b>ABI-00001036</b>	Expiration Date: <del>9/9/22</del> <b>2/9/23</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Site was surveyed, floor tile and mastic, analyzed by PLM				
VII. QUANTITY OF RACM TO BE REMOVED: <b>NA</b>				
Pipes (LN FT): <b>NA</b>		Surface Area (SQ FT): <b>NA</b>	Volume of Facility Components (CU FT): <b>NA</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>NA</b>				
Category I: <b>1,200SF FLOOR TILE/MASTIC</b>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>2/16/23</b>			Complete: <b>2/18/23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>NA</b>			Complete: <b>NA</b>	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
NA		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
flooring to be removed using class II containment using hand tools and wetted with airless application, bagging resulting debris, apply mastic solvent and remove adhesive using razor scrapers and squeegees, absorb into shredded cellulose for bagged disposal floor to be mopped prior to new flooring adhesive application		
<b>XIII. WASTE TRANSPORTER #1 WASTEPRO OF MS</b>		
Name: WASTEPRO OF MS		
Address: 1600 12TH SOUTH		
City: COLUMBUS	State: MS	Zip: 39701
Contact Person: JULIE GOODIN	Tel: 662 536 7398	
<b>WASTE TRANSPORTER #2 NA</b>		
Name: NA		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE KEMPER COUNTY LANDFILL</b>		
Name: KEMPER COUNTY LANDFIL		
Address: 21211 HIGHWAY 16 WEST		
City: DEKALB	State: MS	Zip:
Contact Person: JULIE GOODIN	Tel: 662 536 7398	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: NA	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS: NA</b>		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
NA		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
NA		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:</b>		
Upgrade containment if necessary and notify MDEQ		
<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>		
JAIRO ORTEZ		2/3/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
JAIRO ORTEZ		2/3/23
Type or Print Name	(Signature of Owner/Operator)	(Date)