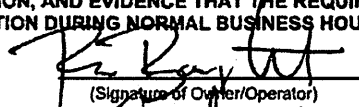



MAP

## 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>4-13-2023</b>	AI Number
<b>I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):</b> <input type="radio"/> O			
<b>II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):</b> <input type="radio"/> D			
<b>III. FACILITY DESCRIPTION (Include building name, number and floor or room number):</b>			
Bldg. Name: <b>Lifecore Health Group</b>			
Address: <b>2434 Eason Blvd.</b>			
City: <b>Tupelo</b>	State: <b>MS</b>	Zip: <b>38801</b>	
Site Location: <b>2434 Eason Blvd.</b>			Tel: <b>N/A</b>
Building Size: <b>5000 sqft</b>	# of Floors: <b>1</b>	Age in Years: <b>30</b>	
Present Use: <b>Medical Office</b>		Prior Use: <b>Medical Building</b>	
<b>IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)</b>			
OWNER NAME: <b>Lifecore Health Group</b>			
Address: <b>2434 Eason Blvd.</b>			
City: <b>Tupelo</b>	State: <b>MS</b>	Zip: <b>38801</b>	
Contact: <b>N/A</b>			Tel: <b>662.509.2651</b>
ASBESTOS REMOVAL CONTRACTOR: <b>Demolition Specialist, LLC</b>			
Address: <b>P.O. Box 103</b>			
City: <b>Taylor</b>	State: <b>MS</b>	Zip: <b>38673</b>	
Contact: <b>Ross Boatright</b>			Tel: <b>662.816.8928</b>
Certification Number: <b>ABC - 00007778</b>		Expiration Date: <b>6/23/2023</b>	
OTHER OPERATOR: <b>N/A</b>			
Address:			
City:	State:	Zip:	
Contact:			Tel:
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):</b> <b>Yes</b>			
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>12/01/2022</b>
Inspector: <b>Ross Boatright</b>	Certification Number: <b>ABI-00007855</b>	Expiration Date: <b>4/21/2023</b>	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>			
<b>Tile/Mastic - Light Microscopy (PLM) via CA Labs, Baton Rouge, LA</b>			
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>			
Pipes (LN FT):	Surface Area (SQ FT): <b>962</b>	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>			
Category I: <b>N/A</b>		Category II: <b>Floor Mastic</b>	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>05/01/23</b> Complete: <b>05/05/23</b></b>			
<b>X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>05/05/23</b> Complete: <b>09/01/23</b></b>			

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Tile Scraper - Wet method. Burrito wrap & disposal at Three Rivers Landfill		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Plastic Door Seal & Water		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Demolition Specialist, LLC		
Address: P.O. Box 103		
City: Taylor	State: MS	Zip: 38673
Contact Person: Ross Boatright	Tel: 662.816.8925	
<b>WASTE TRANSPORTER #2 N/A</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Three Rivers Landfill		
Address: 1904 Pontotoc Parkway West		
City: Pontotoc	State: MS	Zip: 38863
Contact Person:	Tel: 662-488-0444	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: N/A	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: N/A		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: N/A		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:</b> Wet method & burrito/bag		
<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>		
Ross Boatright		4/12/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Linnea Thornton		4/12/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)