



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"/> CMail <input type="checkbox"/> DHand Delivery		Postmark (mail only)	Date Received 6/23/2025	AI Number
1. Type of Notification (O=Original R=Revised C=Canceled A= Annual):R				
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:Mimosa Terrace				
Address/00 Scales St				
city:Corinth		State:MS	Zip-38834	
site Location:Apartment #7		Tei:662.286.8437		
Building Size: 3,200 Sf		# of Floors:2	AQS in Y63fS,55 yfS	
Present Use:Residential apartments		Prior Use:Residential apartments		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
owner NAME:Tennessee Valley Regional Housing Authority				
Address: "1210 Proper St				
City:Corinth		State:MS	ziP;38834	
contact:Shanga Clay		Tei:662.286.8437		
asbestos removal contractor:MAK Environmental, LLC				
Address:17115 Finnell Rd				
city- Northport		State:AL	ziP:35475	
contact:Aubry L McCarley		Tei:205.310.8863		
certification Number:ABC-00007308		Expiration Date:1"10"26		
OTHER OPERATOR: None				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):Y6S				
WAS ASBESTOS PRESENT? (Y6S/No)T6S		Inspection Date:5_9_25		
inspector:Lamar Gilliland		Certification Number:AB1-00001036	Expiration Date:2-5-26	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Joint compound and spray applied ceiling texture, Polarized Light Microscopy (PLM)				
vii. quantity of racm to be ^AQVED;Spray applied ACM ceiling texture				
Pipes_(USLF.T)c		1. Surface AreaXSQ FT)^600 Sf	Volume of Facility Components (CU FT):4 cu ft	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:None				
Category.!:^		j. _CategQtyJE		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:7-3-25 Complete:7~4~25				
X. SCHEDULED DATES DFMO/RENQVATQN (MM/DD/YY) Start: ^/A Complete:				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Ceiling is damaged due to water leak. All spray texture throughout the apartment will be removed with wet method to facilitate new finishes.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Regulate area, install negative pressure enclosure and decon unit. Wet removal and place material in 6 mil asbestos printed bags (doubled) for disposal. Only certified asbestos workers will be used		
XIII. WASTE TRANSPORTER #1		
Name: MAK Environmental, LLC		
Address: 17115 Finnell Rd		
city: Northport	State: AL	Zip: 35475
Contact Person: Aubry L McCarley	Tel: 205.310.8863	
WASTE TRANSPORTER #2 None		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Bobo Asbestos Landfill		
Address: 6447 Wahalak Rd		
city: Scooba	State: MS	Zip: 39358
Contact Person: Roland Edmonds	Tel: 800.248.2990	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: NA	Title:	
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XVI. FOR EMERGENCY RENOVATIONS: NA		
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:		
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: Keep wet and expand containment. Notify asbestos inspector and if material is regulated, revise notification		
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.		
Aubry L McCarley Type or Print Name	 (Signature of Owner/Operator)	6-23-25 (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Aubry L McCarley Type or Print Name	 (Signature of Owner/Operator)	6-23-25 (Date)