MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAP

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: XEmail □Mail □Hand Delivery	Postmark (mail	and Lead Branch, 515 E. il only) Date Re		eceived 18-28-2023	Al Number 2221	
I. 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: #2 Mill Building						
Address: 850 N Broadway						
City: Greenville		State: MS		_{Zip:} 38701		
Site Location: Upper Roof of #2 Mill				Tel:		
Building Size: 100,000		# of Floors: 1		Age in Years: 90		
Present Use: Industrial Production			trial Pr	•		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)						
OWNER NAME: USG Interiors						
Address: 850 N Broadway						
City: Greenville			tate: MS		z _{ip:} 38701	
Contact: Drew Moran			State		Tel: (662) 347-4059	
ASBESTOS REMOVAL CONTRACTOR: NorthStar Contracting Group, Inc						
Address: 76 East 9 Mile Rd						
		State: FL		_{Zip:} 32534		
Contact: Jerzy Sobski				_{Tel:} (850) 777-0365		
Certification Number: ABC-00010281		Expiration		ion Date: 02-15-2024		
OTHER OPERATOR: Industrial Roofing						
Address: 1128Hwy 2						
_{City:} Sterlington		State: LA		_{Zip:} 71280		
_{Contact:} Brandon Courson			Tel: (318) 4213		13	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes						
WAS ASBESTOS PRESENT? (Yes/No): Yes Inspection Date: 04-29-2013					2013	
Inspector: Daniel Hayes Certification Number: ABI-00005808 Expiration Date: 08-08-2013					n Date: 08-08-2013	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Core Roof samples taken, and Underlying insulation. PLM used to determine precense.						
Core Noor samples taken, and ondenying insulation. Felvi used to determine precense.						
VII. QUANTITY OF RACM TO BE REMOVED: In SF Below						
	Surface Area (SQ FT): 36,100		Volume of Facility Components (CU FT): NA			
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:						
Category I: NA Category II: NA						
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09-11-2023 Complete: 12-31-2023						
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09-11-2023 Complete: 12-31-2023						

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Builtup Roofing including insulation to be removed in section . During removal material will be kept wet to prevent emmisions							
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:							
Wetting, strip removal in larger sections,							
XIII. WASTE TRANSPORTER #1							
Name: Republic Services of Leland							
Address: 52 Landfill Rd							
_{Citv:} Leland	State: MS	Zip: 3875	6				
Contact Person: Mike Raley			Tel: (601) 613-8671				
WASTE TRANSPORTER #2							
Name: NA							
Address: NA							
City: NA	State: NA	_{Zin} · NA	zip: NA				
Contact Person: NA	- Clate	Tel: NA					
XIV. WASTE DISPOSAL SITE							
Name: Big River Landfill							
Address: 52 Landfill Rd							
_{City:} Leland	State: MS	Zip: 662-3	_{Zip:} 662-332-7927				
Contact Person:		Tel:					
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
Name: NA	Title: NA						
Authority: NA							
Date of Order (MM/DD/YY): NA Date Ordered to Begin (MM/DD/YY): NA							
xvi. for emergency renovations: NA							
Date and Hour of Emergency (MM/DD/YY): NA							
Description of the sudden unexpected event:							
NA NA							
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:							
NA NA							
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:							
Stop Work, Segregate affected area, wet material, HEPA vacuum and clean area, Notify Owner and MDEQ							
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.							
Jerzy Sobski	Jerzy ?	Sobski	08-28-2023				
Type or Print Name	(Signature of Awner/Op	perator)	(Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Jerzy Sobski 08-28-2023							
Type or Print Name	(Signature of Owner/Operator)		(Date)				