

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 12/1/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Finch-Henry Job Corps Center 2 Bldgs. round about 12 areas				
Bldg. Name: Finch-Henry Job Corps Center				
Address: 821 US Hwy 51				
City: Batesville	State: MS	Zip: 38606	County: Panola	
Site Location: 821 US Hwy 51 Batesville, MS. 38606			Tel: 662-563-4656	
Building Size: 67,457 SF. Includes 2 Bldgs.	# of Floors: 2	Age in Years: 1950		
Present Use: Training Center	Prior Use: Grave Yard			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Finch-Henry Job Corp Center				
Address: 821 US Hwy 51				
City: Batesville	State: MS	Zip: 38606		
Contact: Keith Sercey	Tel: 662-563-4656			
ASBESTOS REMOVAL CONTRACTOR: Lyons General Contracting, Inc.				
Address: PO Box 342908				
City: Bartlett	State: TN	Zip: 38184		
Contact: Latricia Lyons-Booth	Tel: 901-503-5646			
Certification Number: ABC-00009455	Expiration Date: 7/8/2025			
OTHER OPERATOR: Unknown				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 2-1-2024	
Inspector: Latricia Lyons-Booth	Certification Number: ABC-00007893	Expiration Date: 06-05-2025		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Yes, 12x12 Floor tile & mastic materials were sampled throughout these areas. Analytical method PLM.				
VII. QUANTITY OF RACM TO BE REMOVED: 12 areas of 9,602 SF. Floor Tile & & Mastic to be removed				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT): 30 Yards		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: Floor Tile & Mastic	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/19/2024			Complete: 1/3/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Wet Removal of Floor Tile & Mastic inside 2 Bldgs. A round about 12 areas throughout the facility.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Removal with water, hand held tools, sealing off all critical areas, Neg air, PPE w/HEPA vac and asbestos labeled bags.

XIII. WASTE TRANSPORTER #1

Name: Lyons General Contracting, Inc.

Address: PO Box 342908

City: Bartlett

State: TN

Zip: 38184

Contact Person: Latricia Lyons-Booth

Tel: 901-503-5646

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Republic Svcs North Shelby Landfill

Address: 7111 Old Millington Rd.

City: Millington

State: TN

Zip: 38053

Contact Person: Shanna Fristick

Tel: 901-872-7258

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS:

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work immediately. And address any necessary issues and proceed with safe work practices.

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.

Latricia Lyons-Booth
Type or Print Name

Latricia Lyons-Booth / President
(Signature of Owner/Operator)

12-1-2024
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Latricia Lyons-Booth
Type or Print Name

Latricia Lyons-Booth / President
(Signature of Owner/Operator)

12-1-2024
(Date)