

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 06-27-2024	AI Number 2221
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O			
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: Loading Dock Roof		Tel: (662) 347-4059	
Building Size: 100,000	# of Floors: 1	Age in Years: 90	
Present Use: Industrial Production		Prior Use: Industrial Production	
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: USG Interiors			
Address: 850 N Broadway			
City: Greenville	State: MS	Zip: 38701	
Contact: Drew Moran		Tel: (662) 347-4059	
ASBESTOS REMOVAL CONTRACTOR: Northstar Contracting Group, Inc			
Address: 76 East 9 Mile Rd			
City: Pensacola	State: FL	Zip: 32534	
Contact: Jerzy Sobski		Tel: (850) 777-0365	
Certification Number: ABC-00010281		Expiration Date: 01-9-2025 01-19-2025	
OTHER OPERATOR:			
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: 05-08-2024	
Inspector: DeJonnette King		Certification Number: ABI-00003739	
		Expiration Date: 07-19-2024	
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 Presence			
VII. QUANTITY OF RACM TO BE REMOVED: Non-Friable			
Pipes (LN FT): NA	Surface Area (SQ FT): 1,800	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: 07-15-2024			
		Complete: 07-31-2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07-15-2024			
		Complete: 07-31-2024	

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 emmissions

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

City: Leland

State: MS

Zip: 38756

Contact Person: Mike Raley

Tel: (601) 613-8671

WASTE TRANSPORTER #2

Name: NA

Address: NA

City: NA

State: NA

Zip: NA

Contact Person: NA

Tel: NA

XIV. WASTE DISPOSAL SITE

Name: Big River Landfill

Address: 52 Landfill Rd

City: Leland

State: MS

Zip: (662) 332-7927

Contact Person: Mike Raley

Tel: (601) 613-8671

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

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

NA

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLLED, 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

Type or Print Name

(Signature of Owner/Operator)

6-27-2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jerzy Sobski

Type or Print Name

(Signature of Owner/Operator)

6-27-2024

(Date)