

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 08-06-2024	AI Number
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: Department of Human Services				
Address: 925 South Main Street 33.40535, -91.05423				
City: Greenville	State: MS	Zip: 38701	County: Washington	
Site Location: Bathrooms & Lobby		Tel: 662 335-6051		
Building Size: 21,600 sq ft	# of Floors: 1	Age in Years: +35		
Present Use: offices	Prior Use: offices			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Washington County				
Address: 910 Courthouse Lane				
City: Greenville	State: MS	Zip: 38701		
Contact: Board of Supervisors		Tel: 662 378-8355		
ASBESTOS REMOVAL CONTRACTOR: Lesue's Excavation & Demolition Inc				
Address: 547 East O'Hea 547 E O'Hea St				
City: Greenville	State: MS	Zip: 38701		
Contact: Charles Lesue		Tel: 662 820-9597		
Certification Number: ABC-00001324		Expiration Date: 12/18/24		
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: 9/4/24		
Inspector: Cynthia Lesue	Certification Number: ADT-0000338	Expiration Date: 2/23/25		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floor tile and mastic				
PLM by Eurofins CEI Lab				
430 SE Maynard Road Cary NC 27511				
VII. QUANTITY OF RACM TO BE REMOVED: Floor tile and mastic				
Pipes (LN FT):	Surface Area (SQ FT): 2598 sq ft	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/19/24		Complete: 9/9/24		
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 all debris and removed take to a certified landfill

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

XIII. WASTE TRANSPORTER #1

Name: Lesure's Excavation & Demolition Inc
Address: 547 East OHEA
City: Greenville State: MS Zip: 38701
Contact Person: Charles Lesure Tel: 662 820-9595

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: BFI / Republic
Address: 52 Landfill Road
City: Heland State: MS Zip: 38756
Contact Person: Roxanne Worbylow Tel: 662 332-7927

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

Name: 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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

Wet asbestos down and contact MDEQ immediately

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.

Charles Lesure Charles Lesure 8/6/24
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles Lesure Charles Lesure 8/6/24
Type or Print Name (Signature of Owner/Operator) (Date)