

# 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 9/25/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Washington County Economic Alliance</b>				
Address: <b>806 Washington Avenue</b>				
City: <b>Greenville</b>		State: <b>MS</b>	Zip: <b>38701</b>	
Site Location: <b>Southeast office area, loading dock</b>				Tel:
Building Size: <b>78,000 sq ft</b>		# of Floors: <b>1</b>	Age in Years: <b>prior to 1890</b>	
Present Use: <b>Vacant Warehouse, grocer</b>		Prior Use: <b>Warehouse, grocer</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Washington County Economic Alliance</b>				
Address: <b>806 Washington Avenue</b>				
City: <b>Greenville</b>		State: <b>MS</b>	Zip: <b>38701</b>	
Contact: <b>Justin Burch</b>			Tel: <b>601 310-1207</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Leasure's Excavation &amp; Demolition, Inc</b>				
Address: <b>547 East O'Hea Street</b>				
City: <b>Greenville</b>		State: <b>MS</b>	Zip: <b>38701</b>	
Contact: <b>Charles Leasure</b>			Tel: <b>662 820-9595</b>	
Certification Number: <b>ABC-00001324</b>			Expiration Date: <b>12/18/24</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>			Inspection Date: <b>6/18/24</b>	
Inspector: <b>Charles Bingham</b>		Certification Number: <b>ABI-00001348</b>	Expiration Date: <b>2/12/25</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<b>floor tile and adhesive</b>				
<b>PLM Micro Methods Laboratory Inc</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>3,400 floor tile and adhesive southeast office</b>				
<b>200 east loading dock</b>				
Pipes (LN FT):		Surface Area (SQ FT): <b>3600</b>	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: <b>10/9/24</b>			Complete: <b>10/16/24</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Wet all debris and remove and take to a certified landfill to remove asbestos containing material		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Adequately wet down asbestos, place in labeled bags		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Leisure's Excavation & Demolition Inc		
Address: 547 East OHEA		
City: Greenville	State: MS	Zip: 38701
Contact Person: Charles Leisure	Tel: 662 820-9595	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: BFI / Republic		
Address: 52 Landfill Road		
City: Leland	State: MS	Zip: 38756
Contact Person: Roxanne Worbinshaw	Tel: 662 332-7927	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b>		
Wet asbestos down and step and contact MPEQ		
<b>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.</b>		
<u>Charles Leisure</u> Type or Print Name	<u>Charles Leisure</u> (Signature of Owner/Operator)	<u>9/25/24</u> (Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
<u>Charles Leisure</u> Type or Print Name	<u>Charles Leisure</u> (Signature of Owner/Operator)	<u>9/25/24</u> (Date)