

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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 9.19.2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>R</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>Corrington Apts.</u>				
Address: <u>420 Beasley Rd.</u>				
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39206</u>		
Site Location: <u>Jackson</u>			Tel:	
Building Size: <u>9,000 SF</u>	# of Floors: <u>2</u>	Age in Years: <u>40 plus</u>		
Present Use: <u>Vacant Burned</u>	Prior Use: <u>Rental Apt</u>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Jackson MS TIC B LLC</u>				
Address: <u>1155 E 24th ST</u>				
City: <u>Brooklyn</u>	State: <u>NY</u>	Zip: <u>11210</u>		
Contact: <u>SAL PELL</u>	Tel: <u>601-278-4948</u>			
ASBESTOS REMOVAL CONTRACTOR: <u>JA Service Troubleshooters</u>				
Address: <u>1260 Wooddell Drive</u>				
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39212</u>		
Contact: <u>Joseph Antoine</u>	Tel: <u>601-212-9555</u>			
Certification Number: <u>ABC-00001396</u>	Expiration Date: <u>5/27/2024</u>			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>		Inspection Date: <u>5/31/2023</u>		
Inspector: <u>Andrew Ables</u>	Certification Number: <u>AB1-00010682</u>	Expiration Date: <u>6/27/2023</u>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>ceiling texture, sheet rock, Vinyl flooring</u> <u>PLM</u>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): <u>6,000</u>	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <u>Ceiling texture</u>	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>9/21/2023</u> Complete: <u>9/26/2023</u>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

RECEIVED

SEP 19 2023

P.S NOTE. A mixture of sheet rock and ceiling texture debris located around town house. on grass, road concrete slab.

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

Clean up of contaminated debris around townhouses 113 to 118

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

Keep material wet. Rake, shovel, vacuum and bagged.

XIII. WASTE TRANSPORTER #1

Name: J A Service Troubleshooter

Address: 1260 Wooddell Drive

City: Jackson

State: MS

Zip: 39212

Contact Person: Joseph L Antoine

Tel: 601-212-9555

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Land fill

Address: 1716 North County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Mike Riley

Tel: 601-613-8671

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP work. Wet material and notify DEQ

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.

Joseph Antoine

Type or Print Name

Joseph Antoine

(Signature of Owner/Operator)

9/19/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine

Type or Print Name

Joseph Antoine

(Signature of Owner/Operator)

9/19/2023

(Date)