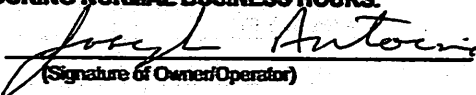
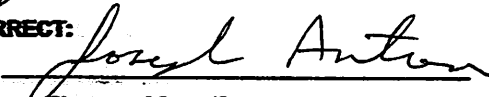


"Rev"

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 7.31.23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>OR</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>Carrington Apartments</u>				
Address: <u>420 Bealey Rd</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39206</u>	
Site Location: <u>Jackson</u>				Tel:
Building Size:		# 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 Fell</u>		Tel: <u>601-278-4948</u>		
ASBESTOS REMOVAL CONTRACTOR: <u>JA Service Troubleshooters</u>				
Address: <u>1260 Woodcell Dr.</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>31/5/2023</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>Vinyl flooring, ceiling Texture, sheet rock</u> <u>PLM Testing</u>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): <u>3,000 SF</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>8/12/2023</u>			Complete: <u>8/15/2023</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Hand demo of ceiling sheet rock. Put back new sheet rock.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: kept material wet containment on the bottom floor the second floor ceiling is burned off. open		
XIII. WASTE TRANSPORTER #1		
Name: J A Service Troubleshooters		
Address: 1260 Wooddell Dr.		
City: Jackson	State: MS	Zip: 39212
Contact Person: Joseph Antoine	Tel: 601-212-9555	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Little Dixie La		
Address: 1716 North County Line Rd		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: Mike Haley	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 CRUMBLER, 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		7/31/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Joseph Antoine		7/31/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)