

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MAP

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 3-23-23	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: Greenville High School				
Address: 419 E Robertshaw St				
City: Greenville		State: MS	Zip: 38701	
Site Location: Greenville		Tel: 662-334-7061		
Building Size: 40,000		# of Floors: 1	Age in Years: 40 plus	
Present Use: school		Prior Use: school		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Greenville Public Schools				
Address: 412 South Main Street				
City: Greenville		State: MS	Zip: 38701	
Contact: Mike Jones		Tel: 662-334-7000		
ASBESTOS REMOVAL CONTRACTOR: JA Service Troubleshooters				
Address: 1268 Wooddell Drive				
City: Jackson		State: MS	Zip: 39212	
Contact: Joseph Antoine		Tel: 601-212-9555		
Certification Number: ABC-00001396		Expiration Date: 5/27/2023		
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: 8/10/2022		
Inspector: Willie Nestor		Certification Number: AB1-0002244	Expiration Date: 11/8/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floor tile, ceiling tile, sheet rock, base cover Pipe insulation, glue dots. PLM Testing				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 2,000	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II: Glue Dot		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/8/2023 Complete: 5/24/2023				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/21/2023 Complete: 3/21/2024				

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DEPT. OF ENVIRONMENTAL QUALITY

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Hand Demo of ceiling of Blue Dots, to provide access for HVAC Renovation		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Decor and containment will be built. Material will be kept wet.		
XIII. WASTE TRANSPORTER #1		
Name: JA Service Troubleshooters		
Address: 1260 Wooddell Drive		
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 Landfill		
Address: 1716 North County Line Road		
City: Ridgeland	State: MS	Zip: 3921
Contact Person: Mike Reilly	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	Joseph Antoine	3/24/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Joseph Antoine	Joseph Antea	3/24/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)