

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 4/09/24 | 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: Webb Kindergarten School | | | | |
| Address: 600 S Harvey ST | | | | |
| City: Greenville | | State: MS | Zip: 38701 | |
| Site Location: 5 classrooms on the west wing | | | Tel: 662-334-7146 | |
| Building Size: 25,000 plus | | # of Floors: 1 | Age in Years: 210 plus | |
| Present Use: School | | Prior Use: School | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | | |
| OWNER NAME: Greenville Public School District | | | | |
| Address: 412 South Main ST | | | | |
| City: Greenville | | State: MS | Zip: 38701 | |
| Contact: Dr. Janice Monroe | | | Tel: 662-734-7000 | |
| ASBESTOS REMOVAL CONTRACTOR: JA Service-Troubleshooters | | | | |
| Address: 1260 Wooddell Drive | | | | |
| City: Jackson | | State: MS | Zip: 39212 | |
| Contact: Joseph Antoine | | | Tel: 601-212-9555 | |
| Certification Number: ABC-00001396 | | | Expiration Date: 5/26/2024 | |
| 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: 2/5/2024 | |
| Inspector: Willie Nestor | | Certification Number: AB1-00002249 | Expiration Date: 01/24/2025 | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | | | | |
| Tile / mastic, Baseboard, Ceiling Tile. PLM | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: | | | | |
| Pipes (LN FT): | | Surface Area (SQ FT): 6,500 | Volume of Facility Components (CU FT): | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: | | | | |
| Category I: | | | Category II: Floor tile / mastic | |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/19/2024 Complete: 5/10/2024 | | | | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: | | | Complete: | |

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APR - 4 2024

Dept. of Environmental Quality

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

Removal of Floor tile/mastic with scrapers
Put back new floor tile

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

Containment Neg Air, keep materials wet.

XIII. WASTE TRANSPORTER #1

Name: JA Service Troubleshooters

Address: 1260 Wooddell Drive

City: Jackson

State: MS

Zip: 39212

Contact Person: Joseph Antoine

Tel: 601-212-9355

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Big River Landfill

Address: 52 Landfill Road

City: Heland

State: MS

Zip: 38756

Contact Person: Mike Raley

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

STOP work wet materials
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)

4/4/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine

Type or Print Name

Joseph Antoine

(Signature of Owner/Operator)

4/4/2024

(Date)

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ASOS P-89A