

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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 4/8/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>R</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>Greenwood High School</b>				
Address: <b>1209 Garrard Ave</b>				
City: <b>Greenwood</b>		State: <b>MS</b>	Zip: <b>38930</b>	
Site Location: <b>offices in Gymnasium</b>			Tel: <b>662-455-7450</b>	
Building Size: <b>60,000</b>		# of Floors: <b>1</b>	Age in Years: <b>40 plus</b>	
Present Use: <b>School</b>		Prior Use: <b>School</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Greenwood Public School District</b>				
Address: <b>401 Howard St</b>				
City: <b>Greenwood</b>		State: <b>MS</b>	Zip: <b>38930</b>	
Contact: <b>John Ciesla</b>			Tel: <b>662-453-4231</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>JA Service Troubleshooters</b>				
Address: <b>1260 Wooddell Drive</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39212</b>	
Contact: <b>Joseph Antoine</b>			Tel: <b>601-212-9555</b>	
Certification Number: <b>ABC-00001396</b>			Expiration Date: <b>5/26/2024</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>NO</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Assumed</b>			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Assumed</b>				
VII. QUANTITY OF RCM TO BE REMOVED:				
Fibers (LN FT):		Surface Area (SQ FT): <b>1,300 SF</b>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II: <b>Floor tile / mastic</b>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>4/13/2024</b> Complete: <b>5/11/2024</b>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

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

Removal of floor tile with Hand Scappers  
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 material wet.

**XIII. WASTE TRANSPORTER #1**

Name: JA Service Troubleshooters  
Address: 1260 Wooddell Drive  
City: Jackson

Contact Person: Joseph Antoine State: MS Zip: 39212  
Tel: 601-212-9555

**WASTE TRANSPORTER #2**

Name:  
Address:  
City:  
Contact Person: State: Zip:  
Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Big River Landfill  
Address: 57 Landfill Road  
City: Leland

Contact Person: Mike Raley State: MS Zip: 38756  
Tel: 662-332-7927

**XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name:  
Authority: Title:

Date of Order (MM/DD/YY):

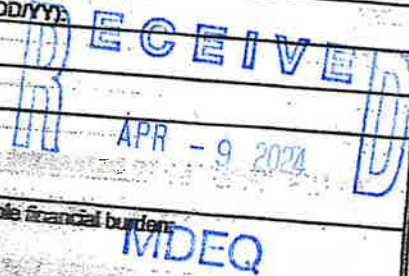
**XVI. FOR EMERGENCY RENOVATIONS:**

Date Ordered to Begin (MM/DD/YY):

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  
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

Signature of Qualified Person

4/8/2024  
(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Joseph Antoine  
Type or Print Name

Signature of Qualified Person

4/8/2024  
(Date)