

# 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 <b>4/15/2024</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</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>Threadgill Elementary School</b>				
Address: <b>1001 Broad ST.</b>				
City: <b>Greenwood</b>		State: <b>MS</b>	Zip: <b>38930</b>	
Site Location: <b>Library, Lab 19 + 21</b>		Tel: <b>662-455-7440</b>		
Building Size: <b>25,000 Plus</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 Street</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 Woodden 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: <b>RECEIVED</b>	
Contact:		Tel: <b>APR 15 2024</b>		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>NO</b> <span style="float: right;">Dept. of Environmental Quality</span>				
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 RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): <b>2,800</b>		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II: <b>Floor tile/Mastic, Glue Pots</b>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>4/27/2024</b> Complete: <b>5/10/2024</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:  
Remove Floor/mastic and glue pots with  
scrappers. Put back new 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 Woodell 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: Big River Landfill  
Address: 52 Landfill Road  
City: Leland 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 CRUMBLER, 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  
Joseph Antoine (Signature of Owner/Operator) 4/15/2024 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine Type or Print Name  
Joseph Antoine (Signature of Owner/Operator) 4/15/2024 (Date)