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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 type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 8/23/2024	AI Number 86630
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: Greenwood High School				
Address: 1209 Garrard Ave				
City: Greenwood		State: MS	Zip: 38930	
Site Location: Cafeteria		Tel: 662-455-7450		
Building Size: 60,000		# 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: Greenwood Public School District				
Address: 401 Howard St.				
City: Greenwood		State: MS	Zip: 38930	
Contact: John Ciesla		Tel: 662-453-4231		
ASBESTOS REMOVAL CONTRACTOR: JA Service Troubleshooters				
Address: 1260 Wooddell Dr.				
City: Jackson		State: MS	Zip: 39212	
Contact: Joseph Antoine		Tel: 601-212-9555		
Certification Number: ABC-00001396			Expiration Date: 5/23/2025	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO				
WAS ASBESTOS PRESENT? (Yes/No): Assumed		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 4,500	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: 9/6/2024 Complete: 9/11/2024				
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 floortile/mastic with floor tile machine - 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 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: Big River Landfill
Address: 52 Landfill Rd.
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 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
Joseph Antoine (Signature of Owner/Operator)
8/23/2024 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine Type or Print Name
Joseph Antoine (Signature of Owner/Operator)
8/23/2024 (Date)