

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 9.27.2024	AI Number 85823
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 0				
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: Coleman Middle School				
Address: 400 MS-1				
City: Greenville		State: MS	Zip: 38701	
Site Location: Auditorium			Tel: 662-334-7036	
Building Size: 40,000 plus SF		# of Floors: 2	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: 1260 Wooddell Drive				
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): 4,200		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: 10/11/2024 Complete: 10/21/2024				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

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SEP 27 2024

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

Removal of floor tile 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: 1266 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: 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 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)

9/27/2024
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine
Type or Print Name

Joseph Antoine
(Signature of Owner/Operator)

9/27/2024
(Date)