

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark <i>Hand Delivered</i> 12/15/21	Date Received (MDEQ use only) 12/15/21	Notification # (MDEQ use only)		
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) OR					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Forest Hill High School					
Address: 2617 Raymond Rd					
City: Jackson	State: MS	Zip: 39212			
Site Location: Jackson			Tel:		
Building Size: 40,000 SR	# of Floors: 2	Age in Years: 40 plus			
Present Use: School	Prior Use: School				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Jackson Public School					
Address: 662 S President St.					
City: Jackson	State: MS	Zip: 39201			
Contact: NA	Tel: 601-960-8725				
REMOVAL CONTRACTOR: Socrates Garrett Enterprises					
Address: 2659 Livingston Road					
City: Jackson	State: MS	Zip: 39213			
Contact: Joseph Antoine	Tel: 601-212-9555				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Assumed. management planner List Mastic					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area Floor/Mastic			✓	Sq Ft: 480	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/29/2021 Complete: 12/31/2021					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/3/2021 Complete: 8/10/2021					

RECEIVED

DEC 15 REC'D

Dept. of Environmental Quality

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

Demo Abatement / Renovation

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

Keep material wet

XII. WASTE TRANSPORTER #1

Name: Same as Removal contractor

Address:

City: State: Zip:

Contact Person: Tel:

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Land fill

Address: 1511 North County Line Rd

City: Ridgeland State: MS Zip: 392

Tel: 601-982-9488

XIV. 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):

XV. 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:

XVI. 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:

XVII. 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 Antonio Jozyl Antea
Type or Print Name (Signature of Owner/Operator)

12/15/2021
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Joseph Antonio Jozyl Antea
Type or Print Name (Signature of Owner/Operator)

12/15/2021
(Date)