

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"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 06-28-2024	AI Number 85912
I. Type of Notification (O=Original R=Revised Q=Canceled A= Annual): <u>O</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>Banksston Elementary School</u>				
Address: <u>1312 Grand Blvd</u>				
City: <u>Greenwood</u>		State: <u>MS</u>	Zip: <u>38930</u>	
Site Location: <u>Principal office</u>		Tel: <u>662-455-7421</u>		
Building Size: <u>40,000 plus</u>		# of Floors: <u>1</u>	Age in Years: <u>40 plus</u>	
Present Use: <u>school</u>		Prior Use: <u>school</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Greenwood Public School District</u>				
Address: <u>401 Howard ST</u>				
City: <u>Greenwood</u>		State: <u>MS</u>	Zip: <u>38930</u>	
Contact: <u>John Ciesla</u>		Tel: <u>662-453-4231</u>		
ASBESTOS REMOVAL CONTRACTOR: <u>JA service Troubleshooters</u>				
Address: <u>1260 Wooddell Drive</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39212</u>	
Contact: <u>Joseph Antoine</u>		Tel: <u>601-212-9555</u>		
Certification Number: <u>ABC-00001396</u>		Expiration Date: <u>5/23/2025</u>		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>NO</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Assumed</u> Inspection Date:				
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>Assumed</u> <u>Floor tile/mastic. Glue dot on ceiling</u>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): <u>880</u>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II: <u>Floor tile, mastic, Glue Dots</u>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>7/1/2024</u> Complete: <u>7/8/2024</u>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: _____ Complete: _____				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS TO BE USED: Removal of floor tile/mastic with Scrappers Demo Glue Pots Ceiling 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: J.A 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): 6/14/2024		
Description of the sudden unexpected event: The plumbing contractor demo some of the glue pot ceiling by accident, while making access for duct. Work was stopped. Area closed off.		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: The partial demo of about 300SF of Glue Pots ceiling tile, may have caused Asbestos exposure. Additional Funds was required for project.		
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	Joseph Antoine	6/28/2024
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Joseph Antoine	Joseph Antoine	6/28/2024
Type or Print Name	(Signature of Owner/Operator)	(Date)