

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 8/5/2021	Date Received (MDEQ use only) 8/9/2021	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) E					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) SCHOOL					
Bldg. Name: BOWMAR ELEMENTARY					
Address 912 BOWMAR AVENUE					
City: VICKSBURG	State: MS	Zip: 39180			
Site Location: AUDITORIUM			Tel:		
Building Size >30,000	# of Floors: 1	Age in Years: 50+			
Present Use: SCHOOL	Prior Use: SCHOOL				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: VICKSBURG WARREN PUBLIC SCHOOLDISTRICT					
Address: 1500 MISSION 66					
City: VICKSBURG	State: MS	Zip: 39180			
Contact: WILLIE NESTER PROJECT DESIGNER			Tel:		
REMOVAL CONTRACTOR: JOHN REID dba REID ABATEMENT					
Address: 1621 CLEARVIEW CIRCLE					
City: COLUMBIA	State: MS	Zip: 39429			
Contact: JOHN REID			Tel:		
OTHER OPERATOR: PAUL Jackson & SON, INC.					
Address: 319 MS 550					
City: BROOKHAVEN	State: MS	Zip: 39601			
Contact: JAMES BROCK					
V. IS ASBESTOS PRESENT? (Yes/No) YES					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): WILLIE NESTER, AUGUST 21, 2019, EMSL PLM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes	225			LnFt: X	Ln M:
Surface Area	300	>20000		SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8-13-21			Complete: 8-21-21		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-13-21			Complete: 8-21-21		

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

REMOVE APP , 3,100 SQ FT VCT from auditorium

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

WET METHOD, NEG AIR, CONTAINMENT, DOUBLE BAG

XII. WASTE TRANSPORTER #1

Name: **JOHN REID**

Address: **1621 CLEARVIEW CIRCLE**

City: **COLUMBIA**

State: **MS**

Zip: **39429**

Contact Person: **JOHN REID**

Tel: **601 441 5290**

WASTE TRANSPORTER #2 **NA**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **RIVERBEND ENVIRONMENTAL SERVICES**

Address: **4451 HWY 61**

City: **FAYETTE**

State: **MS**

Zip: **39069**

Tel: **601 786 0206**

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: **NA**

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: **New tile overlayed caused the old tile to delaminate causing trip hazard**

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:

DISCUSSED WITH DENNIS KELLY 8-4-2021

XVI. 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 REMOVAL, CONTAIN AREA, CONTACT MDEQ AND OWNER

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.

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

05-31-2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

04-26-2020

(Date)