

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <b>5-18-2022</b>	Date Received (MDEQ use only) <b>5-20-2022</b>	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>GYMN</b>				
Bldg. Name: <b>VACANT BUILDING</b>				
Address: <b>208 MAIN STREET</b>				
City: <b>NATCHEZ</b>	State: <b>MS</b>	Zip: <b>39120</b>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg);"> <b>RECEIVED</b>  <b>MAY 20 2022</b>                      Dept. of Environmental Quality                 </div>	
Site Location: <b>208 MAIN STREET</b>		Tel:		
Building Size: <b>4,000</b>	# of Floors: <b>1</b>	Age in Years: <b>50+</b>		
Present Use: <b>VACANT</b>	Prior Use: <b>RETAIL</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>WILLIAM BARNES</b>				
Address: <b>208 MAIN STREET</b>				
City: <b>NATCHEZ</b>	State: <b>MS</b>	Zip: <b>39201</b>		
Contact:	Tel: <b>601 888 6776</b>			
REMOVAL CONTRACTOR: <b>JOHN REID DBA REID ABATEMENT</b>				
Address: <b>1621 CLEARVIEW CIRCLE</b>				
City: <b>COLUMBIA</b>	State: <b>MS</b>	Zip: <b>39429</b>		
Contact: <b>JOHN REID</b>	Tel: <b>601 441 5290</b>			
OTHER OPERATOR: <b>OWEN HOLLAND &amp; SONS</b>				
Address: <b>2460 HWY 184E</b>				
City: <b>BUDE</b>	State: <b>MS</b>	Zip: <b>39630</b>		
Contact: <b>BENJI HOLLAND</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>ASSUMED 9X9 AND MASTIC</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
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
Pipes				UNIT
Surface Area	<b>320</b>			Ln Ft:      Ln M: Sq Ft: <b>X</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>6-7-2022</b>		Complete: <b>6-22-2022</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>4-10-22</b>		Complete: <b>??</b>		

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

**REMOVE VCT APP 320 SQ FT AND MASTIC**

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

WET METHOD, DOUBLE BAG, CONTAINMENT, NEG AIR

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

Name: **NA**

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **PINE BELT SOLID WASTE**

Address: **HWY 29**

City: **OVETTE**

State: **MS**

Zip:

Tel: **601 545 2121**

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:

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:

**STOP WORK, CONTAIN AREA, CONTACT OWNER AND MDEQ**

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)

**05-17-2022**

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

**JOHN REID**

Type or Print Name

(Signature of Owner/Operator)

**05-17-2022**

(Date)