

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 checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 5/27/2022	Date Received 5/31/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R <i>REVISED</i>				
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): GYMN				
Bldg. Name: NEIGHBORHOOD FACILITY				
Address: 1823 HWY 24 WEST				
City: WOODVILLE		State: MS		Zip:
Site Location: 1823 HWY 24 W				Tel:
Building Size: 10,000		# of Floors: 1		Age in Years: 50+
Present Use: GYMN		Prior Use: GYMN		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: WILKINSON COUNTY				
Address: 525 MAIN STREET				
City: WOODVILLE		State: MS		Zip: 39669
Contact:				Tel:
ASBESTOS REMOVAL CONTRACTOR: JOHN REID dba REID ABATEMENT				
Address: 1621 CLEARVIEW CIRCLE				
City: COLUMBIA		State: MS		Zip: 39429
Contact: JOHN REID				Tel: 601 441 5290
Certification Number: ABC 00009958			Expiration Date: 11-11-22	
OTHER OPERATOR: OWEN HOLLAND & SONS				
Address: 2460 HWY 18 E				
City: BUDE		State: MS		Zip: 39630
Contact: BENJI HO;;AND				Tel:
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 11-02-21	
Inspector: ALBERT LEASON		Certification Number: ABI 00001024		Expiration Date: 04-12-2023
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: VCT MASTIC				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):		Volume of Facility Components (CU FT):
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06-08-2022				Complete: 06-22-2022
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03-01-2022				Complete: 10-30-2022

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
REMOVE 1,000 VCT AND MASTIC AND REMOVE 4,840 SQ FT MASTIC UNDER PAINT

XII. 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

XIII. WASTE TRANSPORTER #1

Name: JOHN REID

Address: 1621 CLEARVIEW CIRCLE

City: COLUMBIA

State: MS

Zip: 39429

Contact Person: JOHN REID

Tel:

WASTE TRANSPORTER #2

Name: NA

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: PINE BELLT SOLID WASTE

Address: HWY 29

City: OVETTE

State: MS

Zip:

Contact Person: CLAY

Tel: 601 545 2121

XV. 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):

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:

NA

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:

NA

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.

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

05-26-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

05-26-22

(Date)