# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

| MDEQ Use Only: ☑Email ☐Mail ☐Hand Delivery | Postmark (mail only): | Date Received: 10-5-22 | AI Number: |
|---|---|---|---|

**I. Type of Notification** (O=Original R=Revised C=Canceled A= Annual): R — REVISED

**II. TYPE OF OPERATION** (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D

**III. FACILITY DESCRIPTION** (Include building name, number and floor or room number):

Bldg. Name: NATIVITY CONVENT BUILDING

Address: 868 NATIVITY DRIVE

| City: BILOXI | State: MS | Zip: 39530 |
|---|---|---|
| Site Location: NATIVITY DRIVE | | Tel: |
| Building Size: 19,400 SF | # of Floors: 2 | Age in Years: 54 |
| Present Use: VACANT | Prior Use: | |

**IV. FACILITY INFORMATION** (Identify owner, asbestos removal contractor, and other operator)

OWNER NAME: NATIVITY BVM CATHEDRAL PARISH

Address: 870 HOWARD DRIVE

| City: BILOXI | State: MS | Zip: 39530 |
|---|---|---|
| Contact: Chuck Collins | | Tel: 228-374-5314 |

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: 11-11-2022 |

OTHER OPERATOR: TWIN L CONSTRUCTION

Address: 8292 FIRETOWER ROAD

| City: PASS CHRISTIAN | State: MS | Zip: 39571 |
|---|---|---|
| Contact: RICHARD LADNER | | Tel: 228 255 7930 |

**V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?** (Yes/No): YES

| WAS ASBESTOS PRESENT? (Yes/No): YES | | Inspection Date: 06-21-2022 |
|---|---|---|
| Inspector: C BINGHAM | Certification Number: ABI00001348 | Expiration Date: 02-11-2023 |

**VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:**

FLOOR ADHESIVE, VCT, CEILING TILE. AGGERATE WINDOW PANELS, ROOF

PLM

**VII. QUANTITY OF RACM TO BE REMOVED:**

| Pipes (LN FT) | Surface Area (SQ FT): 3530 | Volume of Facility Components (CU FT) |
|---|---|---|

**VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:**

| Category I: 3530 | Category II: |
|---|---|

**IX. SCHEDULED DATES ASBESTOS REMOVAL** (MM/DD/YY) Start: 10-10-2022 Complete: 10-20-2022

**X. SCHEDULED DATES DEMO/RENOVATION** (MM/DD/YY) Start: 10-10-2022 Complete: 11-15-2022

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**
REMOVE ASBESTOS, DEMO TOTAL BUILDING

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE.**
WET METHOD

**XIII. WASTE TRANSPORTER #1** ASBESTOS ONLY

Name: JOHN REID

Address: 1621 CLEARVIEW CIRCLE

| City: COLUMBIA | State: MS | Zip: 39429 |
|---|---|---|
| Contact Person: JOHN REID | | Tel: |

WASTE TRANSPORTER #2

Name: DIRT INC. DEMO

Address: P.O. BOX 565

| City: SAUCIER | State: MS | Zip: 39574 |
|---|---|---|
| Contact Person: G WILLIAMS | | Tel: |

**XIV. WASTE DISPOSAL SITE**

Name: PINE BELT REGIONAL - ASBESTOS ONLY

Address: 5274 MS 29

| City: OVETT | State: MS | Zip: 39464 |
|---|---|---|
| Contact Person: MADDY | | 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): NA

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**
STOP WORK, CONTAIN AREA. CONTACT OWNER AND MDEQ
PLM - MICRO METHODS

**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.** 10-5-2022

JOHN EID — Type or Print Name | (Signature of Owner/Operator) | ~~10-03-2022~~ (Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:** 10-5-2022

JOHN REID — Type or Print Name | (Signature of Owner/Operator) | ~~10-03-2022~~ (Date)