

Rev

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"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 11-24-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <i>R</i> <i>Revised</i>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <i>R</i>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <i>RETAIL STORE</i>				
Bldg. Name: <i>HAL SAMUELS</i>				
Address: <i>524 SCHWEN AVENUE</i>				
City: <i>BROOKHAVEN</i>	State: <i>MS</i>	Zip: <i>39601</i>		
Site Location: <i>MAIN FLOOR</i>	Tel: <i>913 207 6220</i>			
Building Size: <i>7,000 SQ FT</i>	# of Floors: <i>1</i>	Age in Years: <i>1</i>		
Present Use: <i>VACANT - RETAIL</i>	Prior Use: <i>RETAIL</i>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <i>HAL SAMUELS</i>				
Address: <i>524 SCHEWEN AVENUE</i>				
City: <i>BROOKHAVEN</i>	State: <i>MS</i>	Zip: <i>39601</i>		
Contact: <i>HAL SAMUELS</i>	Tel: <i>913 207 6220</i>			
ASBESTOS REMOVAL CONTRACTOR: <i>JOHN REID dba REID ABATEMENT</i>				
Address: <i>1621 CLEARVIEW CIRCLE</i>				
City: <i>COLUMBIA</i>	State: <i>MS</i>	Zip: <i>39429</i>		
Contact: <i>JOHN REID</i>	Tel: <i>601 441 5290</i>			
Certification Number: <i>ABC 00009958</i>	Expiration Date: <i>11-11-2022 RENEWAL IN PROCESS</i>			
OTHER OPERATOR: <i>PAUL JACKSON & SON</i>				
Address: <i>319 MS 550</i>				
City: <i>BROOKHAVEN</i>	State: <i>MS</i>	Zip: <i>39601</i>		
Contact: <i>GUY NELSON</i>	Tel: <i>601 833 3474</i>			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <i>NO - ASSUMED BY OWNER 9X9 VCT</i>				
WAS ASBESTOS PRESENT? (Yes/No): <i>YES</i>			Inspection Date: <i>N/A</i>	
Inspector: <i>N/A</i>	Certification Number: <i>N/A</i>	Expiration Date: <i>N/A</i>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <i>No samples were taken. 9X9 VCT and Mastic assumed to contain asbestos.</i>				
VII. QUANTITY OF RACM TO BE REMOVED: <i>0</i>				
Pipes (LN FT): <i>0</i>	Surface Area (SQ FT): <i>7,000 vct</i>	Volume of Facility Components (CU FT): <i>0</i>		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <i>0</i>				
Category I: <i>0</i>	Category II: <i>0</i>			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>11-22-2022</i> <i>11-25-2022</i> Complete: <i>11-30-2022</i>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>11-22-2022</i> <i>11-25-2022</i> Complete: <i>12-15-2022</i>				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
remove asbestos vct and mastic, install new flooring.

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

XIII. WASTE TRANSPORTER #1

Name: JOHN REID

Address: 1621 CLEARVIEW CIRCLE

City: COLUMBIA

State: MS

Zip: 39429

Contact Person: JOHN REID

Tel: 601 441 5292

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: PINE BELT REGIONAL SOLID WASTE FACILITY

Address: 5274 MS 29

City: OVETT

State: MS

Zip: 39464

Contact Person: MADDIE

Tel: 601 545 2121

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

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

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

XVI. FOR EMERGENCY RENOVATIONS: N/A

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:

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, contain area, contact MDEQ and owner

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)

11-24-2022
11-8-2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

11-24-2022
11-08-2022

(Date)