



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAP

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 08-21-2023	AI Number
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): POLICE STATION				
Bldg. Name: NATCHEZ POLICE DEPARTMENT				
Address: 233 DEVERAUX DRIVE				
City: NATCHEZ		State: MS	Zip: 39120	
Site Location:			Tel: 601 445 5565	
Building Size: >15,000		# of Floors: 1	Age in Years: >40	
Present Use: POLICE DEPARTMENT		Prior Use: POLICE DEPT		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: CITY OF NATCHEZ				
Address: 124 SOUTH PEARL STREET				
City: NATCHEZ		State: MS	Zip: 39120	
Contact: JAMES JOHNSTON			Tel: 601 445 7500	
ASBESTOS REMOVAL CONTRACTOR: JOHN REID dab 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: 11-17-2023	
OTHER OPERATOR: SMITH PAINTING AND CONTRACTING				
Address: P.O.BOX 910				
City: HATTIESBURG		State: MS	Zip: 39403	
Contact: MR JOEL SMITH			Tel: 601 583 8157	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 02-11-2023	
Inspector: JOHN REID		Certification Number: ABI 00003513	Expiration Date: 01-20-2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: FLOORING, CEILING, WALLS, PLM, ENVIRONMENTAL HAZARDS SERVICES,				
VII. QUANTITY OF RACM TO BE REMOVED: APP 1,750 SQ FT				
Pipes (LN FT): 0		Surface Area (SQ FT): 1750	Volume of Facility Components (CU FT): 0	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: UNKNOWN, PARTIAL RENOVATION OF Bldg		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09-11-2023			Complete: 09-30-2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09-05-2023			Complete: 12-31-2023	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> REMOVE APP 1,750 SQ FT VCT AND MASTIC.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> CONTAINMENT, NEG AIR, WET METHOD, DOUBLE BAG		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: JOHN REID		
Address: 1621 CLEARVIEW CIRCLE		
City: COLUMBIA,	State: MS	Zip: 39429
Contact Person: JOHN REID		Tel: 601 441 5290
<b>WASTE TRANSPORTER #2</b>		
Name: NA		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: PINE BELT REGIONAL SOLID WASTE		
Address: 5274 HWY 29,		
City: OVETT	State: MS	Zip: 39464
Contact Person: MATTY		Tel: 601 545 2121
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: NA		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS: NA</b>		
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:		
<b>XVII. 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:</b> STOP WORK, CONTAIN AEA, CONTACT MDEQ, CONTRACTOR, AND OWNER		
<b>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.</b>		
JOHN REID Type or Print Name	 (Signature of Owner/Operator)	08-18-2023 (Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
JOHN REID Type or Print Name	 (Signature of Owner/Operator)	08-18-2023 (Date)