

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

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|---|--|------------------------------------|--|-----------|
| MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | | Postmark (mail only) | Date Received 08-28-2023 | 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): CENTRAL FIRE STATION | | | | |
| Bldg. Name: NATCHEZ CENTRAL FIRE STATION | | | | |
| X Address: | | | | |
| City: NATCHEZ | | State: MS | Zip: 39120 | |
| X Site Location: | | | Tel: 601 445 5565 | |
| Building Size: >8,000 | | # of Floors: 2 | Age in Years: >40 | |
| Present Use: FIRE STATION | | Prior Use: FIRE STATION | | |
| 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, WINDOWS, PLM, ENVIRONMENTAL HAZARDS SERVICES, | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: APP | | | | |
| Pipes (LN FT): 0 | | Surface Area (SQ FT): APP 2500 | Volume of Facility Components (CU FT): 8 windows | |
| 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: 09-12-2023 | | | Complete: 09-30-2023 | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09-05-2023 | | | Complete: 12-31-2023 | |

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
REMOVE APP 1,250 SQ FT VCT AND MASTIC, app 1250 sq ft CEILING

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
CONTAINMENT, NEG AIR, WET METHOD, DOUBLE BAG

XIII. 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:

XIV. WASTE DISPOSAL SITE

Name: PINE BELT REGIONAL SOLID WASTE
Address: 5274 HWY 29,
City: OVETT State: MS Zip: 39464
Contact Person: MATTY 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: NA

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, CONTAIN AREA, CONTACT MDEQ, CONTRACTOR, 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 _____ 08-28-2023 _____
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID _____ 08-28-2023 _____
Type or Print Name (Signature of Owner/Operator) (Date)