

# 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 <b>12/8/2024</b>	AI Number <b>79998</b>
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual) <b>R</b>			
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>			
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number) <b>UNIVERSITY STUDENT DORMITORY</b>			
Bldg. Name: <b>ROBINSON HALL Beulah Turner Robinson Hall</b>			
Address: <b>ROBINSON HALL 1000 ASU DRIVE</b>			
City: <b>LORMAN</b>	State: <b>MS</b>	Zip: <b>39096</b>	County: <b>CLAIBORNE</b>
Site Location: <b>1000 ASU DRIVE Boiler rm &amp; thru out buiding per contractor</b>		Tel: <b>601 877 6100</b>	
Building Size: <b>67,000</b>	# of Floors: <b>3</b>	Age in Years: <b>48</b>	
Present Use: <b>STUDENT DORMITORY</b>	Prior Use: <b>SAME</b>		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: <b>OFFICE OF BUILDING AND GROUNDS REAL PROPERTY</b>			
Address: <b>501 N WEST STREET</b>			
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39202</b>	
Contact: <b>DR JEFF POSEY</b>		Tel: <b>601 877 6100</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>JOHN REID dba REID DEMOLITION AND ABATEMENT, INC</b>			
Address: <b>1621 CLEARVIEW CIRCLE</b>			
City: <b>COLUMBIA</b>	State: <b>MS</b>	Zip: <b>39429</b>	
Contact: <b>JOHN REID</b>		Tel: <b>601 441 5290</b>	
Certification Number: <b>ABC-00009958</b>		Expiration Date: <b>12-03-2025</b>	
OTHER OPERATOR: <b>PAUL JACKSON AND SON INC.</b>			
Address: <b>319 MS 550</b>			
City: <b>BROOKHAVEN</b>	State: <b>MS</b>	Zip: <b>39601</b>	
Contact: <b>REED THOMPSON</b>		Tel: <b>601 833 3453</b>	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <b>YES</b>			
WAS ASBESTOS PRESENT? (Yes/No): <b>YES</b>		Inspection Date: <b>08-18-2023</b>	
Inspector: <b>DR ALFRED MARTIN</b>	Certification Number: <b>ABI 00001570</b>	Expiration Date: <b>3-17-2024</b>	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>			
<b>PLM. EMSL LAB, BULK SAMPLES</b>			
<b>THERMALSYSTEM INSULATION, CEILING SPRAY MATERIAL, HVAC FLEX CONNECTORS</b>			
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> <b>APP 200 PIPE ELBOS AND T'S</b>			
Pipes (LN FT): <b>ELBOS AND T'S ONLY</b>	Surface Area (SQ FT): <b>0</b>	Volume of Facility Components (CU FT): <b>0</b>	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>			
Category I: <b>UNKNOWN</b>		Category II: <b>UNKNOWN</b>	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: <b>DECEMBER 10, 2024</b>		Complete: <b>JANUARY 15, 2025</b>	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: <b>NOVEMBER 18, 2024</b>		Complete: <b>NOV 18, 2025</b>	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

**REMOVE THERMAL SYSTEM INSULATION BEFORE PIPE DEMOLITION**

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

**WET METHOD, NEGATIVE AIR CONTAINMENT, 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 NA

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: PINE BELT REGIONAL SOLID WASTE

Address: 5274 MS 29

City: OVETTE

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: 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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  
**STOP WORK, CONTAIN AREA, CONTACT OWNER AND MDEQ**

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)

12-08-2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

12-08-2024

(Date)