

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 6/30/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input checked="" type="radio"/>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) OFFICE FACTORY				
Bldg. Name: INTERNATIONAL PAPER CO				
Address 350 SCOTT DRIVE 350 Prescott Drive				
City: MAGNOLIA	State: MS	Zip: 39652	County:	
Site Location: OFFICE			Tel: 601 783 5011	
Building Size 25000	# of Floors: 1	Age in Years: 63		
Present Use: OFFICE		Prior Use: OFFICE		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: INTERNATIONAL PAPER CO				
Address: 350 SCOTT DRIVE				
City: MAGNOLIA	State: MS	Zip: 39652		
Contact: JARED PICKETT			Tel: 769 313 9477	
ASBESTOS REMOVAL CONTRACTOR: JOHN REID dba REID DEMOLITION AND ABATEMENT, INC.				
Address: 1621 CLEARVIEW CIRCLE				
City: COLUMBIA	State: MS	Zip: 39429		
Contact: JOHN REID			Tel: 601 441 5290	
Certification Number: ABC-00009958		Expiration Date: 11-17-2024		
OTHER OPERATOR: GATORPHANT INDUSTRIES & SOUTHERN ACCENT FLOORING				
Address: 131 BROADWAY ST		797 PROBY RD		
City: McCOMB	State: MS	Zip: 39468 -39647		
Contact: DAVID PURDY			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 5-16-2024	
Inspector: JOHN REID	Certification Number: ABI-00003513	Expiration Date: 1-19-2025		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
FLOOR TILE MASTIC PLM - ENVIRONMENTAL HAZARDS SERVICES, RICHMOND, VA.				
VII. QUANTITY OF RACM TO BE REMOVED: 850				
Pipes (LN FT): 0	Surface Area (SQ FT): 850	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 0		Category II: 0		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-13-2024			Complete: 7-13-2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-13-2024			Complete: 8-15-2024	

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

REMOVE 850 SQ FT VAT AND MASTIC

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

WET METHOD, CONTAINMENT, NEG AIR DOUBLE BAG

XIII. WASTE TRANSPORTER #1 JOHN REID

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 MANAGEMENT

Address: 5274 MS 29

City: OVETT

State: MS

Zip: 39464

Contact Person: MADDY

Tel: 601 545 6665

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, NOTIFY 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)

6-30-2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

6-30-2024

(Date)