

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 01/29/2024		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) OLD GYM							
Bldg. Name: MARION COUNTY BUSINESS PLEX - GYM							
Address 150 EASOM LOOP							
City: COLUMBIA			State: MS		Zip: 39429		County: MARION
Site Location: GYM					Tel: 601 736 7382		
Building Size 8200			# of Floors: 1		Age in Years: 60+		
Present Use: VACANT			Prior Use: FITNESS FACILITY				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: MARION COUNTY BOARD OF SUPERVISORS							
Address: 215 BROAD STREET							
City: COLUMBIA			State: MS		Zip: 39429		
Contact: LORI WATTS					Tel: 601 818 3987		
ASBESTOS REMOVAL CONTRACTOR: JOHN REID dba REID ABATEMENT							
Address: 162 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: NA							
Address:							
City:			State:		Zip:		
Contact:					Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO							
WAS ASBESTOS PRESENT? (Yes/No): YES					Inspection Date: ASSUMED 9X9		
Inspector:		Certification Number:			Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: ASSUMED BY OWNER							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT):		Surface Area (SQ FT): 8100			Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category I: 0					Category II: 0		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02-20-2024						Complete: 03-01-2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02-20-2024						Complete: 03-01-2024	

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

REMOVE ASBESTOS FLOOR TILE

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, NRG AIR

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 HWY 29**

City: **OVETTE**

State: **MS**

Zip: **39464**

Contact Person: **MATTY**

Tel: **6015452121**

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 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)

01-29-2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

01-29-2024

(Date)