

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 10/9/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/> NOTE: THIS NOTICE FOR ASBESTOS ONLY				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/> D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) FUNERAL SERVICES				
Bldg. Name: COLONIAL, CHAPEL FUNERAL HOME				
Address 113 MS 28				
City: TAYLORSVILLE		State: MS	Zip: 38654	County: SMITH
Site Location: ENTIRE BUILDING			Tel: 601 726 7100	
Building Size 10000		# of Floors: 2	Age in Years: 50+	
Present Use: VACANT		Prior Use: FUNERAL SERVICES		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: SOUTH MS FUNERAL SERVICES, LLC				
Address: P.O. BOX 15789				
City: HATTIESBURG		State: MS	Zip: 39404-5789	
Contact: CHARLOTTE PEARCE			Tel: 601 726 7100	
ASBESTOS REMOVAL CONTRACTOR: JOHN REID - 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: PAUL JACKSON & SON, INC				
Address: P.O.BOX 1166				
City: BROOKHAVEN		State: MS	Zip: 39601	
Contact: MILT BURRIS			Tel: 601 833 3453	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 5-20-2024	
Inspector: EDWARD CLAY		Certification Number: ABI 00006706	Expiration Date: 6-11-2024 5/10/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: ROOF, CEILING, WINDOW, FLOOR TILE, CEILING, INSULATION, DRY WALL BULK SAMPLE ,PLM, C A LABS, LLC, BATON ROUGE, LA				
VII. QUANTITY OF RACM TO BE REMOVED: 0				
Pipes (LN FT): 0		Surface Area (SQ FT): 10,000	Volume of Facility Components (CU FT): 0	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 10,000			Category II: 0	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-23-2024			Complete: 11-23-2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-23-2024			Complete: 11-23-2024	

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

REMOVE APP 10,000 SQ FT VCT 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, NEG 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 MANAGEMENT AUTHORITY

Address: 5274 MS 29

City: OVETTE

State: MS

Zip: 39464

Contact Person: AMANDA ELLIS

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): NA

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 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)

10 - 09 - 2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

10 - 09 - 2024

(Date)