

Rev

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MAP

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: 9-19-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>R</u> Revised				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): CENTRAL FIRE STATION				
Bldg. Name: NATCHEZ CENTRAL FIRE STATION				
Address: 800 Main				
City: NATCHEZ	State: MS	Zip: 39120		
Site Location: 800 Main	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: 10-11-2023	11-15-2023		
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 CRUMBLED, 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

Type or Print Name

(Signature of Owner/Operator)

09-05-2023

08-28-2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

09-05-2023

08-28-2023

(Date)