

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 01/02/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R REVISED				
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): MUSEUM				
Bldg. Name: HISTORIC JEFFERSON COLLEGE - PROSPER HALL & CARPENTER HALL				
Address: 16 OLD NORTH STREET				
City: WASHINGTON	State: MS	Zip: 39190		
Site Location: PROSPER HALL	Tel: 601 576 6774			
Building Size: 3,581	# of Floors: 1	Age in Years: APP. 92		
Present Use: VACANT -MUSEUM	Prior Use: MUSEUM			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MISSISSIPPI DEPARTMENT OF ARCHIVES & HISTORY				
Address: 200 NORTH STATE STREET				
City: JACKSON	State: MS	Zip: 39201		
Contact: JUSTIN J ELLIS	Tel: 601 576 6774			
ASBESTOS REMOVAL CONTRACTOR: JOHN REID dba 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		11-17-2024	
OTHER OPERATOR: PAUL JACKSON & SON, INC.				
Address: P.O. BOX 1166				
City: BROOKHAVEN	State: MS	Zip: 39602		
Contact: BRODY BURCHFIELD	Tel: 601 665 2347			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): NO		Inspection Date: NA		
Inspector: NA	Certification Number: NA	Expiration Date: NA		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: ASSUMED BY OWNER TRANSITE				
VII. QUANTITY OF RACM TO BE REMOVED: 0				
Pipes (LN FT):	Surface Area (SQ FT): APP. 10,000	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: 01-10-2024		Complete: 03-30-2024		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01-10-2024		Complete: 6-14-2024		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: REMOVE TRANSITE ROOF , REPLACE WITH ASPHALT SHINGLES			
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: WET METHOD			
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 LANDFIL			
Address: 5274 MS-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:			
NA			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
NA			
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		01-02-2024	
Type or Print Name		(Date)	
		(Signature of Owner/Operator)	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:			
JOHN REID		01-02-2024	
Type or Print Name		(Date)	
		(Signature of Owner/Operator)	