

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 2/26/2024	AI Number 85826
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): MUSEUM				
Bldg. Name: HISTORIC JEFFERSON COLLEGE - PROSPER HALL				
Address: 16 OLD NORTH ST				
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				
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): NO				
WAS ASBESTOS PRESENT? (Yes/No): ASSUMED BY OWNER		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 This project is roof replacement only.				
VII. QUANTITY OF RACM TO BE REMOVED: 0				
Pipes (LN FT):	Surface Area (SQ FT): app. 5,000	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0				
Category I: 0	Category II: 0			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03-12-2024		Complete: 06-12-2024		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03-12-2024		Complete: 06-30-2024		

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

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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)

02-26-2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

02-26-2024

(Date)