

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 8/11/2024	AI Number 85823
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/> R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) SCHOOL				
Bldg. Name: COLEMAN MIDDLE SCHOOL				
Address 400 MS 1				
City: GREENVILLE	State: MS	Zip: 38701	County: WASHINGTON	
Site Location: LIBRARY		Tel: 662 820 0775		
Building Size 20,000+	# of Floors: 2	Age in Years: 72		
Present Use: SCHOOL	Prior Use: SCHOOL			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: GREENVILLE PUBLIC SCHOOLS				
Address: 412 SOUTH MAIN STREET				
City: GREENVILLE	State: MS	Zip: 38701		
Contact: MAURICE MOSLEY		Tel: 662 820 0775		
ASBESTOS REMOVAL CONTRACTOR: REID ABATEMENT				
Address: 1621 CLEARVUIEW 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				
Address: 319 MS 550				
City: BROOKHAVEN	State: MS	Zip: 39601		
Contact: WES GILL		Tel: 601 730 4728		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 11-22-2022		
Inspector: ANDREW WILSON	Certification Number: 4ABI-0011014	Expiration Date: 8 02 2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM, EMSL, CEILING, PLASTER, GLUE DOTS. WILLIE NESTER PROJECT DESIGNER				
VII. QUANTITY OF RACM TO BE REMOVED: 250 SQ FT CEILING GLUE DOTS, NON FRIABLE				
Pipes (LN FT): 0	Surface Area (SQ FT): 300	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: NOTKNOWN 0 FOR AREA TO BE WORKED				
Category I: NA		Category II: NA		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8-24-2024		Complete: 8-25-2024		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1-22-24		Complete: 1-22-2025		

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

REMOVE 300 SQ FT CEILING DOTS.

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

XIII. WASTE TRANSPORTER #1

Name: REID ABATEMENT

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: PINEBELT SOLID WASTE

Address: 5274 MS 29

City: OVETTE

State: MS

Zip: 39464

Contact Person: MADDY

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 CRUMBLLED, 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)

08 11 2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

08 11 2024

(Date)