

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 01/23/2025	AI Number
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) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) RETAIL				
Bldg. Name: AREA 210				
Address: 210 HWY 51 NORTH				
City: BROOKHAVEN		State: MS	Zip: 39601	County: LINCOLN
Site Location: RENTAL AREA 210			Tel: 601 833 1561	
Building Size: 1,400 SQ FT		# of Floors: 1	Age in Years: 40+	
Present Use: VACANT		Prior Use: RETAIL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: H&K REAL ESTATE ONE, INC				
Address: 229 HWY 51 NORTH				
City: BROOKHAVEN		State: MS	Zip: 39601	
Contact: M BURRIS			Tel: 601 833 1561	
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: 12 03 2095 12/03/2025	
OTHER OPERATOR: NONE				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 12-08-2015	
Inspector: MARK WALTERS		Certification Number: ABI 00006317	Expiration Date: 1-20-2016 01-30-2016	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: BASE COVE, DRYWALL, FLOORING LN, ROOFING, VCT, MASTIC, PLM, EMSL LAB BATON ROUGE, LA.				
VII. QUANTITY OF RACM TO BE REMOVED: 1020 VCT AND MASTIC				
Pipes (LN FT): 0		Surface Area (SQ FT): 1020	Volume of Facility Components (CU FT): 0	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: NA			Category II: NA	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-06-2025			Complete: 2-21-2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: NA			Complete: NA	

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

Remove app 1020 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, CONTAINMENT, NEG AIR, DOUBLE BAG

XIII. WASTE TRANSPORTER #1 REID ABATEMENT

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 AUTHORITY

Address: 5274 MS 29

City: OVETTE

State: MS

Zip: 39464

Contact Person:

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)

1-23-2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

1-23-2025

(Date)