

STATE OF MISSISSIPPI DEMOLITION/ RENOVATION FORM

I. TYPE OF NOTICE: X Original X Revision Canceled
Two Day Floor Tile Annual Info Only

II. TYPE OF PROJECT: X Renovation Demolition
 Ordered Demolition Emergency Renovation

III. SITE INFORMATION: Name OLD COURTHOUSE
Description: COURT HOUSR
Address: 106 TENNESSEE STREET,
City: HOLMESVILLE County: PIKE State: MS Zip:

IV. OWNER INFORMATION: NAME: PIKE COUNTY BOARD OF SUPERVISORS
Full Mailing Address:
Contact Person: Telephone:

V. ASBESTOS REMOVAL CONTRACTOR: NAME: John Reid dba Reid Abatement
Certification No: ABC 00001772 Expiration Date JULY 24, 2017
Full Mailing Address: 1621 Clearview Circle, Columbia, MS 39429
Contact Person: John Reid Telephone: 601 441 5290

VI. CONTRACTOR (OTHER): NAME: PAUL JACKSON & SON, INC
Full Mailing Address: P.O.BOX 1166, BROOKHAVEN, MS 39602
Contact Person: GUY NELSON Telephone: 601757 9246

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 02/13/2017 Project Stop 02/15/2017

VIII. DEMOLITION/ RENOVATION PROJECT DATES (MM/ DD/ YY):
Project Start: 02/13/2017 Project Stop NOT KNOWN Prep Date: 02/13/2017

Talked to MR Terry Moody 2/6/17
IX. BUILDING INFORMATION: Bldg. Size (Sq. Ft.) 1,400 SQ FT Bldg. Ln. Ft _____
No. Floors 1 Age in Yrs. >50
Present Use VACANT Prior COURT HOUSE

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? X Yes No
Inspection Date: 09/ 11/ 2015 Asbestos Present X Yes No
Inspector: JOE VENUSS Cert. No. ABI 00001353 Exp. Date: 5-13-16
Identify suspect materials sampled: roof, siding, walls, felt, FLOORING, WINDOWS
Laboratory Analysis: TEM X PLM OTHER
Name of laboratory: TRIANGLE ENVIRONMENTAL SERVICES, MIDLOTHIAN, VA

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface area (SQ FT)
Volume of facility components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMMOVED TO BE REMOVED:
Category 1: 1,200 SQ FT VCT Category II: NA

XIII. WASTE TRANSPORTER: Name: John Reid
Full Mailing Address: 1621 Clearview Circle, Columbia, MS 39429
Contact Person John Reid Telephone: 601 441 5290

RECEIVED

FEB 06 2017

STATE OF MISSISSIPPI DEMOLITION / RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: MACLAND DISPOSAL

Physical Location: 11300 HWY. 63

Full Mailing Address: MOSS POINT, MS 39562

Contact Person: Ms. NANCY Telephone: 228 475 974

* All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):

Name: TO BE DETERMINED

Physical Location:

Full Mailing

Contact Person: Telephone:

XVI. REMOVAL / RENOVATION PROCEDURES TO BE USED (Check all that apply):

Strip & Removal Double Bagging Mec. Chipping Component Removal

Wrecking Ball Gross Demolition Remove Intact Excavator

Containment Glove Bag Explode Negative Air

Wet Method Roofing Saw Other (explain below):

XVII DESCRIPTION OF PLANNED DEMOLITION WORK:

REMOVE 1,200 SQ FT VCT & MASTIC USING HAND TOOLS

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES. STOP WORK, CONTAIN AREA CONTACT OWNER AND DEQ

*Will MDEQ be notified of any significant changes? Yes No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:

Name: _____ Title _____

Authority: _____

Date of Order: _____ Date Demolition to begin ____/____/____

XX. When asbestos-containing material is present, an individual trained in the provision of the regulation (40CFR 61 Subpart M) will be on site 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.

I certify that all of the information is correct:

John Reid Owner  02-24-2017
Type or Print Name & Title Signature Date

MAIL TO: OFFICE OF POLLUTION CONTROL Physical Address: 515 Amite Street
P.O. BOX 2261 JACKSON, MS 39201
JACKSON, MS 39225 (601) 961-5171