

STATE OF MISSISSIPPI DEMOLITION/ RENOVATION FORM

I. TYPE OF NOTICE: Original Revision Canceled
 Annual Info Only

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

III. SITE INFORMATION: Name COLUMBIA PRIMARY SCHOOL
Description: AUDITORIUM
Address: 501 DALE STREET
City: COLUMBIA County: MARION State: MS Zip: 39429

IV. OWNER INFORMATION: NAME: COLUMBIA SCHOOL DISTRICT
Full Mailing Address: 613 BRYN AVENUE
Contact Person: COLUMBIA SCHOOL BOARD 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

PROJECT DESIGNER: WILLIE NESTER

VI. CONTRACTOR (OTHER): NAME: CHRIS ALBRITTON CONSTRUCTION CO.
Full Mailing Address: 2100 BUSH DAIRY ROAD, LAUREL, MS 39443
Contact Person: NICK RICHARDS Telephone: 601 425 9100

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 04/ 04/ 2016 Project Stop 04/15/ 2017

VIII. DEMOLITION/ RENOVATION PROJECT DATES (MM/ DD/YY):
Project Start: 04/04/2017 Project Stop 08/01/2017 Prep Date: 04/04/2017

IX. BUILDING INFORMATION: Bldg. Size (Sq. Ft.) 3,400 SQ FT Bldg. Ln. Ft _____
 No. Floors 1 Age in Yrs. >50
Present Use SCHOOL Prior Use SCHOOL

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? Yes _____ No
Inspection Date: 09/ 15/ 2016 Asbestos Present Yes _____ No
Inspector: WILLIE NESTER Cert No. ABI 00002244 Exp. Date: 1-21-2017
Identify suspect materials sampled: _roof, siding, walls, felt, FLOORING, WINDOWS
Laboratory Analysis: _____ TEM PLM OTHER
Name of laboratory: _____ EMSL BATON ROUGE, LA

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface area (SQ FT) 3,400 SQ FT VCT
Volume of facility components (CU FT) 0 WINDOW UNITS 14

XII. QUANTITY OF NONFRIABLE ASBESTOS _____ NOT REMMOVED _____ TO BE REMOVED:
Category 1: NA 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 _____

STATE OF MISSISSIPPI DEMOLITION/ RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: MACLAND

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: COLUMBIA CLASS 1 RUBBISH LANDFILL

Physical Location: AIRPORT ROAD

Full Mailing COLUMBIA, MS 39429

Contact Person: MR STRINGER Telephone:

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

- Strip & Removal
- Double Bagging
- Mechanical 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 14 00WINDOW UNITS

REMOVE 3,400 SQ FT VCT

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 _____ 03/22/2017 _____
 Type or Print Name & Title Signature Date

MAIL TO: OFFICE OF POLLUTION CONTROL
 P.O. BOX 2261
 JACKSON, MS 39225
 (601) 961-5171

Physical Address: 515 EAST Amite Street
 Jackson, MS 39201

RECEIVED
 MAR 27 2017
 Dept. of Environmental Quality