

**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 HIGH SCHOOL  
Description: BAND HALL  
Address: 1009 BROAD STREET  
City: COLUMBIA County: MARION State: MS Zip: 39429

RECEIVED  
MAY 24 2017  
Dept. of Environmental Quality

**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  
REVISION START 06/02/17 PROJECT STOP 06/30/17

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

*Revision 6-2-17 STOP 6-30-17 Prep 6-2-17*

**IX. BUILDING INFORMATION:** Bldg. Size (Sq. Ft.) 3,700 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) 6,100 SQ FT VCT  
Volume of facility components (CU FT) 0

**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 3,700 SQ FT VCT  
REVISION: REMOVE ADDITIONAL 2,400 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. I CERTIFY THAT 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.

JOHN REID  5-21-17

I certify that all of the information is correct:

John Reid Owner  05/21/2017  
Type or Print Name & Title Signature Date

MAIL TO: MDEQ ASBESTOS  
515 EAST AMITE STREET  
JACKSON, MS 39201  
(601) 961-5171