STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM

I. TYPE OF NOTICE:	Original	_X_ Revision Info Only	Canceled
		- E	1 was
II. TYPE OF PROJECT:	Ordered Demo	Demolition Emergency	Renovation
III. SITE INFORMATION: Name	e JEFFERSON MIDDI	LE SCHOOL	
Description: CORRIDOR **			
Addroge 611 OWENS SIKEE	1	S Zip: 39429	W.
City: COLUMBIA County: 1	MARION State: M	5 Lip; 39429	. N N N N
IV. OWNER INFORMATION: NA	ME- COLUMBIA SCH	OOL DISTRICT	*, *
rull Mailing Address: 613 RR	YN AVENUE		. W.W. N. D.
Contact Person: COLUMBIA	SCHOOL BOARD Tele	ephone:	
The Control of the Co	2 (5 2)	5500 A 525 S	
V. ASBESTOS REMOVAL CONTR	RACTOR: NAME: Job	in Reid dba Reid Abatem	ent
Carrie and No. ARC 00001	772 Expirati	on pate jubi 24, 401/	6
E. II Mailing Address: 1621 Cl	earview Circle, Colui	ndia, Mo 37447	
Contact Person: John Reid	Telephone: 60	11 441 5270	r interes Page Section
Contact Person: John Reid PROJECT DESIGNER: WILLIE NE	STER	ON CONCERNICEION CO.	e i a sub-t-
		204 405 0400	
Contact Person: NICK RICHA	ARDS Telephone: C	ID (VV)	Settle of the second of the
VII. ASBESTOS REMOVAL PRO Removal Project Start: 06-0	RCL DATES (mm/ n	TOP 07-07-2017	1.01.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Removal Project Start: 06-0	1/-201/ PROJECT	101 07 07 202.	
VIII. DEMOLITION/ RENOVAT	9 9		15 U 9 15 15 15 15 15 15 15 15 15 15 15 15 15
REVISION IX. BUILDING INFORMATION	Bida Size (Sa. Pt.)	SO FT Bldg. Ln. Ft	1 1818 - 1 1
IX. BUILDING INFORMATION	lo. Floors 1 Ag	e in Yrs. 50	.** 'X
Present Use SCHOOL Pri	or Use SCHOOL		X-10
	esence of asbestos?X	YesNo	\$ 74 X
Inspection Date: 09/ 15/ 2016	Asbestos Present	Evn Date: 1-21-2017	- it "
Inenactor: WILLIE NESTER Cert	NO WRI COCOSES	DAPI DESCRIPTION OF ACC	AC 22 46 522
Identify suspect materials sampled	X_PLM OTHER		
Identify suspect materials sampled Laboratory Analysis:TEM Name of laboratory:EMSL BA	TON ROUGE, LA		
XI. QUANITY OF RACM TO BE	REMOVED:		
- and the Conform	- 4702 (NI) FII LAUU) 20 kl. AC1	16165
Volume of facility compone	nts (CU FI) U	11 5207	
XII. QUANTITY OF NONFRIAE	T T A COPPORTOR	NOT REMMOVED	TO BE REMOVED:
XII. QUANTITY OF NONFRIAE	FE YZRE2 1 02	MOI KENTING AND	
Category 1: NA Category	11: NA	way of	the second second
Category 1: NA Category XIII. WASTE TRANSPORTER:	Mama: John R	leid	ର ଖରେ - ମ ମ ଆଣ୍ଡି,
XIII. WASTE TRANSPORTER: Full Mailing Address: Contact PersonJoh	1621 Clearniew Circ	le, Columbia, MS 39429_	
Full Mailing Address:	n Daid T	elephone:601 441	5290
Contact Personjon	II Vein		\$c c
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STATE OF MISSISSIPPI DEMOLITION/ RENOVATION FORM - CONTINUED

Physical Location: 11300 HWY. 63 Full Mailing Address: MOSS POINT, M Contact Person: Ms. NANCY * All asbestos waste should go to a permit XV. DISPOSAL SITE FOR DEMOLITION DI Name: COLUMBIA CLASS 1 RUBBISH Physical Location: AIRPORT ROAD Full Mailing COLUMBIA, MS 39429 Contact Person: MR STRINGER Teleph	S 39562 lephone: 228 475 974 tted sanitary landfill. EBRIS (Other than asbestos):
X_Strip & Removal X_Double Bag	URES TO BE USED (Check all that apply): Iging Mechanical Chipping Component Removal addition Remove Intact X_ Excavator Explode X_ Negative Air Other (explain below):
XVII DESCRIPTION OF PLANNED DEMOI REMOVE 12,000 SQ FT VCT	
The state of the s	en grant i serve et estado de la librar e en el a
ACM BECOMES CRUMBLED, PULVERIZED STOP WORK, CONTAIN AREA CONTACT OF *Will MDEQ be notified of any significant of the contact o	IF UNEXPECTED ACM IS FOUND OR NONFRIABLE D, OR REDUCED TO A POWDER OR SMALL PIECES. WNER AND DEQ hanges?X_YesNo VERNMENT AGENCY, IDENTIFY THE AGENCY
Name:	Title
Authority	
Date of Order:	Date Demolition to begin//
Subpart M) will be on site during the de required training has been accomplished uring normal business hours.	ned in the provision of the regulation (40CFR 61 emolition or renovation and evidence that the ed by this person will be available for inspection 8-2017
I certify that all of the information is c	orrect:
John ReidOwner	06-01-2017
Type or Print Name & Title	Signature Date
MAIL TO: OFFICE OF POLLUTION CO P.O. BOX 2261 IACKSON, MS 39225	NTROL Physical Address: 515 Amite Street