

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

	tmark	section, 31	5 E. Amite Stree Date Received	(MDEQ use only		(MDEQ use only)	
I. Type of Notification (O=Original R=Revis	ed C=Canceled A	= Annual)	0			RECE	
II. TYPE OF OPERATION (D=Demo O= C			=Emer. Renovation)	D		APD	
II. FACILITY DESCRIPTION (Include build	ling name, number	and floor or	room number) RE	SIDENCE	D	192	
Bidg. Name: LY HOUSE						pt. of Environmental	
Address 421 MARY STREET		Date of L	in the state of th		MT AVELYAN	unental	
City: COLUMBIA	(T. 40)	State: N	1S	Zip: 39429		THE EXCLUSION	
Site Location: 421 MARY ST COL	UMBIA, MS	_		Tel:	Clark		
Building Size 1,200		# of Floors: 1		Age in Years: >50			
Present Use: VACANT		Prior Use: RESIDENCE					
V. FACILITY INFORMATION (Identify own	er removal contra						
	ent successive and access	A CONTRACTOR OF THE CONTRACTOR	io. operator)				
OWNER NAME: COLUMBIA PUB	LIC SCI IOO					RIP IN	
Address: 613 BRYAN STREET			10	T 00400			
City: COLUMBIA		State: MS		zip: 39429			
Contact: MR. EDWARDS	ID DDA DEU	DADAT	ENTENIT	Tel: 601 441	1137		
REMOVAL CONTRACTOR JOHN RE		DABAT	EMENI			- I - I - I - I - I - I - I - I - I - I	
Address: 1621 CLEARVIEW CIT	RCLE	1					
City: COLUMBIA		State: MS		zip: 39429			
Contact: JOHN REID			Tel: 601 44		1 5290		
OTHER OPERATOR: MILLER EXC			SAL			41	
Address: 3075 HWY 35 SOUTH							
City: FOXWORTH		State: N	1S	zip: 39483			
Contact: MYRAM MILLER							
V. IS ASBESTOS PRESENT? (Yes/No) Y	ES NETHOD IS A	DDDODDIA	TE LIGED TO DETE	OT THE DDGGG	CE OF ASSESTA	MATERIAL	
(Include inspector name and date of inspec		FFROPRIA	IE, USED TO DETE	OT THE PRESEN	CE OF ASBESTO	SIVIATERIAL	
PLM,EHS RICHMOND VA, J	OHN REID,	DOI-1-5	-18, ROOF, \	WALLS CEIL	ING,WINDO	W PUTTY, FI	
VII. APPROXIMATE AMOUNT OF ASBES'	ros		Nonfriable Asbestos		Indicate Unit of Measurement Below		
LIE - ''I MUIL'	F	Mate		al Not emoved			
 Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 	1	o Be moved	TO BE K	omoveu .	Measur	ement below	
	W 5 - 10		Category I	Category II	UNIT		
Pipes		5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		LnFt:	Ln M:	
Surface Area 1,200 SQ FT ROOF		60	0	0	SqFt:	Sq M:	
/ol RACM Off Facility Component		0		Le I, Le I	CuFt:	Cu M:	
/III. SCHEDULED DATES ASBESTOS RE	MOVAL (MM/DD/)	(Y) Start: 4	1-30-18		Complete: 5-1	5-18	
X. SCHEDULED DATES DEMO/RENOVA			5-16-18		Complete: 6-3		

X. DESCRIPTION OF PLANNED DEMOLIT		avioletti sala istania	FT COATING ON WALL, DEMO				
			O TO PREVENT EMISSIONS OF ASBESTOS AT THE				
WET METHOD		1 20 1 1 12 1	the second of the last transfer to the				
XII. WASTE TRANSPORTER #1	All Solid St. Solid	31					
Name: JOHN REID	- 14 11 114						
Address: 1621 CLEARVIEW CIF	RCLE	4	7月3分12 5列34 153				
City: COLUMBIA	State: M	IS	zip: 39429				
Contact Person: JOHN REID		Tel: 601 441 5290					
WASTE TRANSPORTER #2 NA	e gan je ga		00L+				
Name:	Tyles of the second sec						
Address:							
City:	State:		Zip:				
Contact Person:			Tel:				
XIII. WASTE DISPOSAL SITE							
Name: RIVERBEND ENVIRONI	MENTAL SERVICES	3					
Address: 4451 US 61		A PART OF THE PART					
City: FAYETTE	State: M	IS	_{Zip:} 39069				
Tel: 601 786 0217							
XIV. IF DEMOLITION ORDERED BY A GO	VERNMENT AGENCY, PLEAS	SE IDENTIFY THE	AGENCY BELOW:				
Name: NA	Title:						
Authority:							
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):						
XV. FOR EMERGENCY RENOVATIONS:		Todio Gradica	10 Doğu (11111/2011).				
Date and Hour of Emergency (MM/DD/YY):							
Description of the sudden unexpected event							
Explanation of how the event caused unsafe		uipment damage o	or an unreasonable financial hurdon				
Explanation of now the event caused unsale	e conditions of would cause eq	diprilent damage C	or an unreasonable illiandal burden.				
			A CONTRACTOR OF THE PROPERTY O				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:							
STOP WORK, CONTAIN AR							
XVII. I CERTIFY THAT AN INDIVIDUAL TR	AINED IN THE PROVISIONS	OF THIS REGULA	TION (40 CFR PART 61, SUBPART M) WILL BE				
ONSITE DURING THE DEMOLITION OR R THIS PERSON WILL BE AVAILABLE FOR	ENOVATION, AND EVIDENC INSPECTION DURING NORM	E THAT THE REC MAL BUSINESS HO					
JOHN REID Type or Print Name (Sig	gnature of Owner/Operator)		4-16-18 (Date)				
XVIII. I CERTIFY THAT THE ABOVE INFOR							
JOHN REID	2M /1/	-	4-16-18				
	nature of Owner/Operator)		(Date)				