MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

75301 **Mail notification to:** **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) BUSINESS PARK

Bldg. Name: BUILDING OLD LAUNDRY

Address 1720 HWY 44

City: COLUMBIA	State: MS	Zip: 39429
Site Location: BUILDING ~~128~~ Laundry		Tel:
Building Size APP. 2,400	# of Floors: 1	Age in Years: >75
Present Use: VACANT	Prior Use: VACANT	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: MARION COUNTY BOARD OF SUPERVISORS

Address: 215 BROAD STREET

City: COLUMBIA	State: MS	Zip: 39429
Contact: T BROOM		Tel:

REMOVAL CONTRACTOR REID ABATEMENT

Address: 1621 CLEARVIEW CIRCLE

City: COLUMBIA	State: MS	Zip: 39429
Contact: JOHN REID		Tel: 601 441 5290

OTHER OPERATOR: TO BE DETERMINED

Address:

City:	State:	Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No) YES

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

PLM, EHS RICHMOND, VA, DOI 2-26-19, JOHN REID

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area			5 WINDOWS	SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-25-19 Complete: 4-25-19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

RECEIVED MAR 13 2019 DEQ OAC

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
REMOVE WINDOW PUTTY

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

WET METHOD

XII. WASTE TRANSPORTER #1

Name: JOHN REID

Address: 1621 CLEARVIEW CIRCLE

City: COLUMBIA	State: MS	Zip: 39429

Contact Person: JOHN REID	Tel: 601 441 5290

WASTE TRANSPORTER #2

Name: NA

Address:

City:	State:	Zip:

Contact Person:	Tel:

XIII. WASTE DISPOSAL SITE

Name: RIVERBEND ENVIRONMENTAL SERVICES

Address: 4451 HWY 61

City: FAYETTE	State: MS	Zip: 39069

Tel: 601 786 0217

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE 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: NA

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

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 AREA, NOTIFY OWNER AND MDEQ

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE 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	John Reid	March 11, 2019
Type or Print Name	(Signature of Owner/Operator)	(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID	John Reid	March 11 2019
Type or Print Name	(Signature of Owner/Operator)	(Date)