MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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)

Bldg. Name: DR'S OFFICE

Address: CORNER DENWIDDLE AND SUMMIT STREET

City: McCOMB	State: MS	Zip:
Site Location: OLD OFFICE		Tel:
Building Size: 2400 SQ FT	# of Floors: 1	Age in Years: 50+
Present Use: VACANT	Prior Use: DR OFFICE	

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

OWNER NAME: TYLERTOWN FIRST BAPTIST CHURCH

Address: 409 TYLER AVENUE

City: TYLERTOWN	State: MS	Zip: 39667
Contact: MR. BATES		Tel: 601 303 0508

REMOVAL CONTRACTOR: JOHN REID REID ABATEMENT

Address: 1621 CLEARVIEW CIRCLE

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

OTHER OPERATOR: NA

Address:

City:	State:	Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No)

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

JOHN REID DOI 10-31-2019, PLM ROOFING, FLOOR, WINDOW MORTAR

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		0	00	LnFt:	Ln M:
Surface Area	2000	0	00	SqFt: X	Sq M:
Vol RACM Off Facility Component		0	00	CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-28-2020 Complete: 4-28-2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2-28-2020 Complete: 4-28-2020

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

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

WET METHOD, PARTIAL CONTAINMENT, BUILDING IN POOR CONDITION

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 US 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:

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, CALL MDEQ AND OWNER

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 — Type or Print Name | (Signature of Owner/Operator) | 2-11-2020 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID — Type or Print Name | (Signature of Owner/Operator) | 2-11-2020 (Date)