

11 Rev 11

# 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) <b>2.14.2022</b>	Notification # (MDEQ use only)				
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R GS#383-2002</b>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>OLD WRIGHT FERGUSON FUNERAL HOME</b>							
Bldg. Name: <b>OLD WRIGHT FERGUSON FUNERAL HOME</b>							
Address <b>350 HIGH STREET</b>							
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39201</b>					
Site Location: <b>350 HIGH STREET</b>			Tel:				
Building Size: <b>7500</b>	# of Floors: <b>2</b>	Age in Years: <b>50+</b>					
Present Use: <b>VACANT</b>	Prior Use: <b>FUNERAL HOME</b>						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <b>STATE OF MISSISSIPPI</b>							
Address: <b>501 N WEST STREET</b>							
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39201</b>					
Contact: <b>WFT ARCHETECTS</b>			Tel:				
REMOVAL CONTRACTOR: <b>JOHN REID dba REID ABATEMENT</b>							
Address: <b>1621 CLEARVIEW CIRCLE</b>							
City: <b>COLUMBIA</b>	State: <b>MS</b>	Zip: <b>39421</b>					
Contact: <b>JOHN REID</b>			Tel: <b>601 441 5290</b>				
OTHER OPERATOR: <b>PAUL JACKSON &amp; SON</b>							
Address: <b>319 MS-550</b>							
City: <b>BROOKHAVEN</b>	State: <b>MS</b>	Zip: <b>39601</b>					
Contact: <b>GUY NELSON, 601 833 3474</b>							
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>PLM, MARK WALTERS, ABI00006317, EXP. 3-09-2019, DOI 01-25-2019</b>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below			
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Category I</td> <td style="width: 50%; text-align: center;">Category II</td> </tr> </table>		Category I	Category II	UNIT	
				Category I	Category II		
RACM To Be Removed							
Pipes	0	0	0	Ln Ft:	Ln M:		
Surface Area	15,500	0	0	Sq Ft: <b>15,500</b>	Sq M:		
Vol RACM Off Facility Component	0	0	0	Cu Ft:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>02-15-2022</b>				Complete: <b>04-24-2022</b>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>02-15-2022</b>				Complete: <b>04-24-2022</b>			

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

Remove app. 14,000 drywall (mud), 1,500 vct

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

WET METHOD, CONTAINMENT, DOUBLE BAGGED

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 NA

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: PINEBELT SOULID WASTE AUTHORITY

Address: 5274 HWY 29

City: OVETTE

State: MS

Zip: 39464

Tel: 601 545 2121

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority: STATE OF MISSISSIPPI

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:

facilities improvements

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, CONTACT MDEQ AND OWNERS ARCHITECT

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)

02 13 2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

02 13 2022

(Date)