

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 5/27/2022	Date Received 5/31/2022	AI Number
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): SCHOOL				
Bldg. Name: LAUREL MAGNET SCHOOL OF THE ARTS				
Address: 1125 5th AVENUE				
City: LAUREL		State: MS	Zip: 39440	
Site Location: ROOM		Tel:		
Building Size: SCHOOL		# of Floors: 1	Age in Years: 50+	
Present Use: SCHOOL		Prior Use: SCHOOL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: LAUREL PUBLIC SCHOOLS				
Address: 303 WEST 8th sTREET				
City: LAUREL		State: MS	Zip: 39441	
Contact: WILLIE NESTER PROJECT DESIGNER		Tel:		
ASBESTOS REMOVAL CONTRACTOR: JOHN REID dba REID ABATEMENT				
Address: 1621 CLEARVIEW CIRCLE				
City: COLUMBIA		State: MS	Zip: 39429	
Contact: JOHN REID		Tel:		
Certification Number: ABC00009958		Expiration Date: 11-11-22		
OTHER OPERATOR: NA				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: VCT AND MASTIC				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 750	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-13-22		Complete: 6-20-22		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6-13-22		Complete: NOT KNOWN		

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XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
REMOVE 750 SQ FT VCT AND MASTIC

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
NEG AIR, WET METHOD, DOUBLE BAG, TEM

XIII. 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:

XIV. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XV. 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):

XVI. 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:

XVII. 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, CONTAIN AREA CONTACT MDEQ AND OWNER WILLIE NESTER

XVIII. 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)

05-26-2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

05-26-22

(Date)