

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 type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery	Postmark (mail only) <i>[Handwritten Signature]</i>	Date Received 6/17/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) 0			
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):			
Bldg. Name: JACKSON COLISEUM			
Address: 1207 MISSISSIPPI STREET			
City: JACKSON	State: MS	Zip: 39202	Dept. of Environmental Quality
Site Location: WEST RESTROOMS		Tel:	
Building Size: ?	# of Floors: ?	Age in Years: ?	
Present Use: ARENA	Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: STATE OF MISSISSIPPI, BUREAU OF BUILDING AND GROUNDS			
Address: 501 NORTH WEST STREET			
City: JACKSON	State: MS	Zip: 39202	
Contact: JBHM ARCHITECT		Tel:	
ASBESTOS REMOVAL CONTRACTOR: JOHN REID, REID ABATEMENT			
Address: 1621 CLEARVIEW CIRCLE			
City: COLUMBIA	State: MS	Zip: 39429	
Contact: JOHN REID		Tel: 601 441 5290	
Certification Number: ABC 00009958	Expiration Date: NONEMBER 11, 2022		
OTHER OPERATOR: PAUL JACKSON & SON			
Address: P.O. BOX 1166			
City: BROOKHAVEN	State: MS	Zip: 39602	
Contact: BRODY BURCHFIELD		Tel: 601 833 3453	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES			
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: MARCH 9, 2022	
Inspector: DENNIS MCGUFFIE	Certification Number: ABI 00002321	Expiration Date: 4-15-2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: CEPIPE INSUL, MORTAR, FLOOR MASTI, CERAMIC TILE, GYP BOARD, CEILING PLM, EMSL LAB			
VII. QUANTITY OF RACM TO BE REMOVED: NONE			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: VCT MASTIC 200 SQ FT		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-28-2022		Complete: 6-30-2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6-21-2022		Complete: 6-30-2022	

RECEIVED
JUN 17 2022

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

Remove stalls etc from restrooms. remove concrete over mastic, remove mastic.

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

wet method. containment. negative air, double bag

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: PINE ELT SOLID WASTE

Address: 5274 MS 29

City: OVETTE

State: MS

Zip: 39464

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:

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

Description of the sudden unexpected event:

NA

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

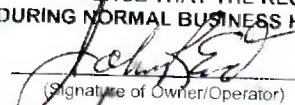
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, CONTAIN AREA, CONTACT MDEQ AND OWNER

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)

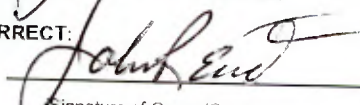
06-14-2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name


(Signature of Owner/Operator)

06-14-2022

(Date)