

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

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|--|-------------------------------------|--|-----------|
| MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | Postmark (mail only) | Date Received 4-20-2023 | AI Number |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> | | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> D | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): BURNT SCHOOL | | | |
| Bldg. Name: ORANGE LAKE ELEMENTARY SCHOOL | | | |
| Address: 9717 OLD STAGE ROAD | | | |
| City: MOSS POINT | State: MS | Zip: | |
| Site Location: 9717 OLD STAGE ROAD | | Tel: 228 475 4558 | |
| Building Size: 20000 + | # of Floors: 1 | Age in Years: 50 + | |
| Present Use: VACANT | Prior Use: SCHOOL | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | |
| OWNER NAME: MOSS POINT SCHOOL DISTRICT | | | |
| Address: 4924 CHURCH STREET | | | |
| City: MOSS POINT | State: MS | Zip: 39563 | |
| Contact: WILLIE NESTER | | Tel: 601 956 3663 | |
| ASBESTOS REMOVAL CONTRACTOR: JOHN REID dba REID ABATEMENT | | | |
| Address: 121 CLEARVIEW CIRCLE | | | |
| City: COLUMBIA | State: MS | Zip: 39429 | |
| Contact: JOHN REID | | Tel: 601 441 5290 | |
| Certification Number: ABC 00009958 | | Expiration Date: 11-17-2023 | |
| OTHER OPERATOR: TWIN L CONSTRUCTION | | | |
| Address: 8292 FIRETOWEER ROAD | | | |
| City: PASS CHRISTIAN | State: MS | Zip: 39571 | |
| Contact: PAM | | Tel: 228 255 7930 | |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): | | | |
| WAS ASBESTOS PRESENT? (Yes/No): YES | | Inspection Date: 02 28 2023 | |
| Inspector: W NESTER | Certification Number: ABI 0000 2244 | Expiration Date: 1-18-2024 | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: WINDOWS, Burnt debris, Vct, Mastil | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: | | | |
| Pipes (LN FT): 3 | Surface Area (SQ FT): 10000 | Volume of Facility Components (CU FT): | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: | | | |
| Category I: 0 | | Category II: 0 | |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4-24-2023 | | Complete: 5-24-2023 | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-24-2023 | | Complete: 7-24-2023 | |

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
REMOVE ASBESTOS CONTAMINATED BURN DEBRIS (VCT MASTIC, DEMO REMAINING STRUCTURE)

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

XIII. WASTE TRANSPORTER #1

Name: LEIGHTON GILLEN

Address: 6060 LUM REEVES ROAD

City: LUCEDALE

State: MS

Zip: 39452

Contact Person: LEIGHTON GILLEN

Tel: 228 990 9063

WASTE TRANSPORTER #2 NA

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: PINEBELT LANDFIL

Address: 5274 MS HWY 29

City: OVETTE

State: MS

Zip: 39464

Contact Person: MADDIE

Tel: 601 545 2121

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

Name: DISCUSSED WITH MR MALLERY 4-19-2023

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS: BURNT SCHOOL

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

Description of the sudden unexpected event:

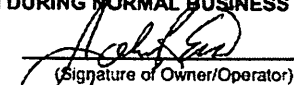
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
INGRESS EGRESS NOT CONTROLLED

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

4-19-2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name


(Signature of Owner/Operator)

4-19-2023

(Date)