

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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 12-18-2024	AI Number 79998
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"/> R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) UNIVERSITY STUDENT DORMITORY				
Bldg. Name: BURRUS HALL				
Address BURRUS HALL 1000 ASU Drive				
City: LORMAN		State: MS	Zip: 39096	County: CLAIBORNE
Site Location: 1000 ASU DRIVE Air Handlers Each Floor per ACM contractor			Tel: 601 877 6100	
Building Size 67,000		# of Floors: 3	Age in Years: 48	
Present Use: STUDENT DORMITORY		Prior Use: SAME		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: OFFICE OF BUILDING AND GROUNDS REAL PROPERTY				
Address: 501 N WEST STREET				
City: JACKSON		State: MS	Zip: 39202	
Contact: DR JEFF POSEY			Tel: 601 877 6100	
ASBESTOS REMOVAL CONTRACTOR: JOHN REID dba REID DEMOLITION AND ABATEMENT, INC				
Address: 1621 CLEARVIEW CIRCLE				
City: COLUMBIA		State: MS	Zip: 39429	
Contact: JOHN REID			Tel: 601 441 5290	
Certification Number: ABC-00009958			Expiration Date: 12-03-2025	
OTHER OPERATOR: PAUL JACKSON AND SON INC.				
Address: 319 MS 550				
City: BROOKHAVEN		State: MS	Zip: 39601	
Contact: REED THOMPSON			Tel: 601 833 3453	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 08-18-2023	
Inspector: DR ALFRED MARTIN		Certification Number: ABI 00001570	Expiration Date: 3-17-2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM. EMSL LAB, BULK SAMPLES THERMALSYSTEM INSULATION, CEILING SPRAY MATERIAL, HVAC FLEX CONNECTORS				
VII. QUANTITY OF RACM TO BE REMOVED: APP 100 PIPE ELBOS AND T'S				
Pipes (LN FT): ELBOS AND T'S ONLY		Surface Area (SQ FT): 0	Volume of Facility Components (CU FT): 0	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: UNKNOWN			Category II: UNKNOWN	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01-13-2025			Complete: 02-25-2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01-13-2025			Complete: 01-13-2026	

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

REMOVE THERMAL SYSTEM INSULATION BEFORE PIPE DEMOLITION

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

WET METHOD, NEGATIVE AIR CONTAINMENT, 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 BELT REGIONAL SOLID WASTE

Address: 5274 MS 29

City: OVETTE

State: MS

Zip: 39464

Contact Person: MADDY

Tel: 601 545 2121

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 OWNER AND MDEQ

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)

12-18-2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

12-18-2024

(Date)