

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 12/20/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) C CANCELED				
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: CLAUDINE F BROWN ELEMENTARY				
Address 3827 COUNTY ROAD 363				
City: GREENWOOD		State: MS	Zip: 3890	County: LEFLORE
Site Location:			Tel:	
Building Size NOT KNOWN		# of Floors: 1	Age in Years:	
Present Use: SCHOOL		Prior Use: SCHOOL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: GREENWOODLEFLORE CONSOLIDATED SCHOOL DISTRICT				
Address: 1901 HWY 82 WEST				
City: GREENWOOD		State: MS	Zip: 38935	
Contact: TARA HARRIS			Tel: 662 644 0667	
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:			Tel: 601 833 3453	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: OWNER AHERA INSPECTION	
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: OWNER DECLARED ASBESTOS BASED ON AHERA INFORMATION				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 0	Surface Area (SQ FT): 3349		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 3349			Category II: 0	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: PROJECT CANCELED			Complete: CANCELED	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12-20-2024			Complete: 1-05-2025	

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

REMOVE APP 3,349 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:

WET METHOD, 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 AUTHORITY

Address: 5274 MS 29

City: OVETT

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:

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: STOP WORK, CONTAIN AREA, CONTACT OWNER AND MDEQ

Project Canceled

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 - 12-20-2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

12 - 20- 2024

(Date)