

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 3/27/2025	AI Number 81562
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) COLLEGE GYMN				
Bldg. Name: HOLMES COMMUNITY COLLEGE GYMNASIUM				
Address: 215 HOLMES DRIVE				
City: GOODMAN	State: MS	Zip: 39079	County: HOLMES	
Site Location: GYM		Tel: 662 472 2312		
Building Size: APP 20,000	# of Floors: 1	Age in Years: 50+		
Present Use: GYMN	Prior Use: GYMN			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: HOLMES COMMUNITY COLLEGE				
Address: 9216 HWY 14				
City: GOODMAN	State: MS	Zip: 39079		
Contact: DAVE BRADFORD		Tel: 662 472 2312		
ASBESTOS REMOVAL CONTRACTOR: 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: P.O. BOX 1166				
City: BROOKHAVEN	State: MS	Zip: 39601		
Contact: MILT BURRIS		Tel: 601 833 3453		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 02 06 2025		
Inspector: W J NESTER	Certification Number: ABI 00002244	Expiration Date: 01 09 2026		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: CEILING, COVE BASE, WALL BASE, FELT UNDER GYMN FLOOR, VINYL TILE PLM, EMSL LAB				
VII. QUANTITY OF RACM TO BE REMOVED: 500 SQ FT				
Pipes (LN FT): 0	Surface Area (SQ FT): 500	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 0	Category II: 0			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04 14 2025		Complete: 04 21 2025		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04 08 2025		Complete: 04 08 2026		

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

REMOVE APP 500 SQ FT DRYWALL, WET METHOD, DOUBLE BAG

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

WET METHOD, DOUBLE BAG, NEG AIR

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: 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 CRUMBLLED, 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)

03 28 2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

03 28 2025

(Date)