

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
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) CHURCH					
Bldg. Name: MACEDONIA BAPTIST CHURCH					
Address 1230 MACEDONIA ROAD,					
City: BROOKHAVEN	State: MS	Zip: 39601			
Site Location:		Tel: 601V833 6760			
Building Size: 40,000+	# of Floors: 1	Age in Years: 50+			
Present Use: CHURCH EDUCATION BLDG	Prior Use: SAME				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: MACEDONIA BAPTIST CHURCH					
Address: 1230 MACEDONIA ROAD					
City: BROOKHAVEN	State: MS	Zip: 39601			
Contact:		Tel:			
REMOVAL CONTRACTOR: JOHN REID dba REID ABATEMENT					
Address: 1621 CLEARVIEW CIRCLE					
City: COLUMBIA	State: MS	Zip: 39429			
Contact: JOHN REID		Tel:			
OTHER OPERATOR: PAUL JACKSON & SON					
Address: 319 hwy 550					
City: BROOKHAVEN	State: MS	Zip: 39602			
Contact: AUSTIN					
V. IS ASBESTOS PRESENT? (Yes/No) YES					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
JOHN REID , DOI 11-08-2020, PLM, EHS RICHMOND VA.					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed					
2. Category I ACM Not Removed					
3. Category II ACM Not Removed					
Pipes	0	0	0	Ln Ft:	Ln M:
Surface Area	15,000	0	0	Sq Ft: X	Sq M:
Vol RACM Off Facility Component	0	0	0	Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4-28-2021 Complete: 5-28-2021					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-21-2021 Complete: 6-21-2021					

John Reid

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

REMOVE ASBESTOS FLOOR TILE, WET METHOD, DEMO NON ASBESTOS WALLS AND ROOF

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

XII. WASTE TRANSPORTER #1

Name: **JOHN REID**

Address: **1621 CLEARVIEW CIRCLE**

City: **COLUMBIA**

State: **MS**

Zip: **39429**

Contact Person: **JOHN REID**

Tel:

WASTE TRANSPORTER #2 **NA**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

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

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

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

XV. 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:

XVI. 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 OWNER AND MDEQ

XVII. 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

John Reid
(Signature of Owner/Operator)

4-15-2021
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

John Reid
(Signature of Owner/Operator)

4-15-2021
(Date)

RECEIVED

APR 15 REC'D

Dept. of Environmental Quality