

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 4/28/2025	AI Number 30237
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) OLD WRIGHT FERGUSON FUNERL HOME				
Bldg. Name: WRIGHT FERGUSON FUNERAL HOME PHASE 2				
Address 350 HIGH STREET				
City: JACKSON	State: MS	Zip: 39201	County: HINDS	
Site Location: ORIGINAL FACILITY		Tel: NONE		
Building Size 8500	# of Floors: 4	Age in Years: 50+		
Present Use: VACANT		Prior Use: FUNERAL HOME		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: STATE OF MISSISSIPPI				
Address: 501 N WEST STREET				
City: JACJSON	State: MS	Zip: 39201		
Contact: JOESPH DRAPALA		Tel: 601 922 0766		
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: P.O. BOX 1166				
City: BROOKHAVEN	State: MS	Zip: 39601		
Contact: BRODY BURCHFIELD		Tel: 601 833 3453		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 07-15-2022		
Inspector: JOESPH DRAPALA	Certification Number: ABI 00003042	Expiration Date: 09-14-2022		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: ROOF, DRY WALL, CEILING, TSI ASSUMED, EMSL BATON ROUGE, PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 100	Surface Area (SQ FT): 2000 ROOF	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: ⁰				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05 12 2025		Complete: 06 28 2025		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05 12 2025		Complete: 10-05-2025		

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

REMOVE APP2,000 SQ FT BUR, APP 100 LN FT TSI, REMOVE WALL BOARD AND CEILINGS

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: 61 441 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 HWY 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: NANA

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 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)

4-28-2025-28-2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

(Date)