

# 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 6/29/2025	AI Number 34837
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/> O				
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) BOILER ROOM FOR NURSING HOME				
Bldg. Name: G V SONNY MONTGOMERY DEPT OF MEDICAL AFFAIRS				
Address 1500 EAST WOODROW WILSON AVENUE				
City: JACKSON	State: MS	Zip: 39216	County: HINDS	
Site Location: BOILER ROOM		Tel: 601 359 3402		
Building Size: UNKNOWN	# of Floors: 1	Age in Years: 83		
Present Use: BOILER ROOM		Prior Use: BOILER ROOM		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: STATE OF MS DFA BUREAU OF BUILDING AND GROUNDS				
Address: 501 N WEST STREET				
City: JACKSON	State: MS	Zip: 39201		
Contact: CHAD MOORE ERG		Tel: 601 362 3552		
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: GLASS BUILDERS INC				
Address: 319 HWY 550 NW				
City: BROOKHAVEN	State: MS	Zip: 39601		
Contact: MILT BURRIS		Tel: 601 248 9402		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO ASSUMED BY OWNER				
WAS ASBESTOS PRESENT? (Yes/No):		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: NO ASSUMED BY OWNER. ONLY TSI PIPE INSULATION TO BE REMOVED AND BOILER END CAP MUD				
VII. QUANTITY OF RACM TO BE REMOVED: > 260 LN FT				
Pipes (LN FT): 260	Surface Area (SQ FT): APP 40	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: NONE				
Category I: 0		Category II: 0		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07-14-2025		Complete: 07-21-2025		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07-14-2025		Complete: 07-21-2025		

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

REMOVE NECESSARY PIPE INSULATION TO ALLOW REMOVAL AND REPLACEMENT OF TWO BOILERS

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:****NEG AIR, CONTAINMENT, WET METHOD, DOUBLE BAG****XIII. WASTE TRANSPORTER #1** REID DEMOLITION AND ABATEMENT, INC

Name: JOHN REID

Address: 1621 CLEARVIEW CIRCLE

City: CLUMBIA

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 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)

06-29-2025

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

06-29-2025

(Date)