

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE: Original Revision Canceled
 Annual Info. Only

II. TYPE OF PROJECT: Renovation Demolition
 Ordered Demolition Emergency Renovation

III. SITE INFORMATION: Name Building 207 Barracks
 Description: Barracks Building
 Address: 29 Harris Avenue
 City: NAS Meridian County: Lauderdale State: MS ZIP: 39309
 Contact Person: Lisa Harris Telephone: 228-381-0001 427 Allen Road, NAS Meridian, MS 39309

IV. OWNER INFORMATION: Name: NAVPAC Southeast/PEAD NAS Meridian
 Full Mailing Address: 228-381-0001 427 Allen Road, NAS Meridian, MS 39309
 Contact Person: Lisa Harris Telephone: 228-381-0001

V. ASBESTOS REMOVAL CONTRACTOR: Name: Gulf Services Contracting, Inc.
 Certification No.: ABC-00001674 Expiration Date: 05/20/2017
 Full Mailing Address: 5000 Rangeline Road, Mobile, AL 36619
 Contact Person: Sean Brandon Telephone: 251-371-2139

VI. CONTRACTOR (Other): Name: JCON/Whitsell-Green
 Full Mailing Address: P.O. Box 2849, Pensacola, FL 32513
 Contact Person: Randall Gibson Telephone: 850-434-5311

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
 Removal Project Start: 01 / 30 / 2017 Removal Project Stop: 02 / 28 / 2017

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
 Project Start: 02 / 20 / 2017 Project Stop: 03 / 30 / 2017 Prep. Date: 01 / 30 / 2017

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 8,880 Bldg. Size (LNFT): _____
 No. of Floors: 2 Age in Years: 41
 Present Use: Vacant Prior Use: Barracks

X. ASBESTOS INSPECTION:
 Was site inspected to determine presence of asbestos: Yes No
 Inspection Date: 06 / 21 / 06 Asbestos Present? Yes No
 Inspector: Stephen Cole Cert. No.: 7M201047801/R011 Expiration Date: 01/04/2007
 Identify suspect materials sampled: floor tile/mastic, cove base, sheet vinyl, duct mastic, roofing, flashing, ISI, stucco, cement board, window panels
 Laboratory Analysis: TEM PLM XX Other _____
 Name of Laboratory: AmeriSci Richmond

XI. QUANTITY OF RACM TO BE REMOVED:
 Pipes (LN FT) 2600 TSI Surface Area (SQ FT) 10 gasket material
 Volume of Facility Components(CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED:
 Category I: 4936 SF VAT/Mastic Category II: _____

XIII. WASTE TRANSPORTER: Name: Waste Pro
 Full Mailing Address: 200 Braxton Avenue, Meridian, MS 39311
 Contact Person: Michael Kuntz Telephone: 601-483-9777

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE; Name: Kemper County Landfill
Physical Location: 21211 Highway 16 East, Dekalb, MS 39238
Full Mailing Address: Same
Contact Person: Michael Kuntz Telephone: 601-483-9777
*All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: H.E. Mosley Class 1 Rubbish Site
Physical Location: 1400 Willow Lake Road, Meridian, MS 39301
Full Mailing Address: P.O. Box 337, Marlon, MS 39342
Contact Person: Phillip Mosley Telephone: 601-679-5800
*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):
XX Strip & Removal XX Double Bagging ___ Mechanical Chipping ___ Component Removal
___ Wrecking Ball ___ Gross Demolition XX Remove Intact XX Bulldozer
XX Containment XX Glove Bag ___ Explode XX Negative Air
XX Wet Method ___ Roofing Saw XX Other - Explain Below: DEMO BY EXCAVATOR

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Abatement of ACM, Renovations to Auditorium by others.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Stop Work, Test Materials, Notify MDEQ and Owner of any changes.
*Will MDEQ be notified of any significant changes? [X] Yes [] No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: N/A Title:
Authority:
Date of Order: Date Demolition to Begin: ___/___/___

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ___/___/___ Time:
Description of the sudden, unexpected event:
N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.

Jonathan Valle, President
Type or Print Name & Title Signature Date 1-17-17

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
P.O. Box 2261 Jackson, MS 39201
Jackson, MS 39225 (601) 961-5171