STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM
Please type or print legibly
Incomplete Notices will not meet notification requirements

I. TYPE OF NOTICE: () Original () Annual () Revision () Canceled (X) Info. Only	
II. TYPE OF PROJECT: (X) Renovation () Demolition () Ordered Demolition () Emergency Renovation	
III. SITE INFORMATION: Name: TRANSPORTATION BUILDING	
Description: TRANSPORTATION BUILDING	
Address: KAFB)	
City: BILOXI County: HARRISON State: MS Zip: 39534	
Contact Person: MIKE KELEHER TELEPHONE: 228 392-6523	
IV. OWNER INFORMATION: Name: 81 ST CES/CEV	
Full Mailing Address: 508 L STREET ROOM # 1 KAFB BILOXI, MS 39535-2115	
*** Contact Person BRENT EANES Telephone: (228) 377-5803	
V. ASBESTOS REMOVAL CONTRACTOR: Name: K&K ASBESTOS REMOVAL	
Certification No. ABC-00001491 Exp. Date: MAY11 2017	
Full Mailing Address: 9617 JEAN STREET OCEAN SPRINGS, MS 39565	
Contact Person: MIKE KELEHER Telephone: 228 392-6523	105 145
VI. CONTRACTOR (Other) APPLE CONSTRUCTION	
Full Mailing Address: 2591 23 RD AVE GULFPORT, MS 39501	
Contact Person: KEITH KENNEDY Telephone: 861-2103	
VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY)	
Removal Project Start: 1/25/17 Removal Project Stop: 1/25/17	
VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):	
PROJECT START PROJECT STOP: PREP DATE:	
IX. BUILDING INFORMATION: Building Size: (SQ FT) Building Size (LN FT)	
No. Of Floors Age In Years:	
Present Use: Prior Use:	
X. ASBESTOS INSPECTION: ASSUMED SEE *** BELOW	
Was site inspected to determine presence of asbestos? () yes (X) no	
Inspection Date: Asbestos Present (X) yes () no ASSUMED	
Inspector: Cert No.: Exp. Date:	
Identify suspect materials sampled:	
Laboratory Analysis: TEM: PLM: OTHER	
*** Name Of Laboratory:	
XI. QUANITY OF RACM TO BE REMOVED:	
Pines (LN FT) SURFACE AREA (SO FT)	

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XII. QUANITY OF NONFRIABLE A	SBESTOS NOT REMOVED	X TO BE RI	EMOVED
XIII. WASTE TRANSPORTERTEA	M WASTE		3
Full Mailing Address:: 14339 HU	DSON KROHN RD BILOXI MS 39532	2	
Contact Person	Telephone 328-1820		
XIV. WASTE ASBESTOS DISPOSA	L SITE: Name MACLAND		
Physical Location: 11300 HWY 63	MOSS POINT MS 39562		
Full Mailing Address:			
Contact Person: NANCY	Telephone: 475-9747		
* All asbestos waste should go	to a permitted landfill.		
XV. DISPOSAL SITE FOR DEMOLITIC	ON DEBRIS (Other than asbestos)		
Name: DEMO CONTRACTOR WILL	DETERMINE		
Physical Location:			
Full Mailing Address:			0.5
Contact Person:	Telephone:		
* All demolition debris (other th	an asbestos) should go to an author	ized Rubbish Site or	to a permitted landfill
XVI. REMOVAL/DEMOLITION PROC	EDURES TO BE USED (Check all that ap	pply):	
Strip & Removal Double Bagg Wrecking Ball Gross Dem Containment Glove Bag	olitionRemove Intact	Component Removal Bulldozer Wet Method	Negative Air
ACCORDANCE WITH ALL STATE REGULA' XVIII. PROCEDURES TO BE FOLLOWED REDUCED TO A POWDER OR SMALL PIL WILL MDEQ BE NOTIFIED OF ANY SIGNI	IF UNEXPECTED ACM IS FOUND OR NO	197	The state of the s
XIX. IF DEMOLITION ORDERED BY A GONAME: AUTHORITY:	OVERNMENT AGENCY, IDENTIFY THE TITLE:		
DATE OF ORDER:	DATE DEMOLITION TO BEGIN: NOT	YET DETERMINED	
XX. EMERGENCY DEMOLITION Description of the sudden, unexpected of Explanation of how event caused unsafe	vent:		
XXI. When asbestos-containing material is demolition or renovation and evi- business hours. I certify that all of the above information is	dence that the required training has been a	sions of the regulation (eccomplished by this per	HOCFR 61 Subpart M) will be on site during son will be available for inspection during
MIKE KELEHER (OWNER)	mike Ke	leker	1/20/17
Type or print Name and Title	Signature		Date
MAIL TO: Office Of Pollution Con	trol TELEPHONE:	(601) 961-5171	