

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) r - change of start date and correct bldg number				
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) bldg 2804				
Bldg. Name: headquarters				
Address 720 general chappie james				
City: biloxi	State: ms	Zip: 39534		
Site Location: kafb		Tel: 377-5803		
Building Size 15,200	# of Floors: 1	Age in Years: 52		
Present Use: offices (vacant during abatement)		Prior Use: offices		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: 81st ces/cev				
Address: 508 l street				
City: kafb	State: ms	Zip: 39534		
Contact: charles eanes		Tel: 377-5803		
REMOVAL CONTRACTOR k&k asbestos removal				
Address: 9617 jean street				
City: ocean sprigs	State: ms	Zip: 39565		
Contact: mike keleher		Tel: 392-6523		
OTHER OPERATOR: dnp (general contractor)				
Address: 680 kennedy lane				
City: biloxi	State: ms	Zip: 39532		
Contact: mike cox				
V. IS ASBESTOS PRESENT? (Yes/No)				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: 1000 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/16/17 Complete: 2/23/17				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/24/17 Complete: 3/24/17				

RECEIVED
FEB 16 2017
Dept. of Environmental Quality

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

wet method

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 team waste

Name: team waste

Address: 14339 hudson krohn road

City: biloxi

State: ms

Zip: 39562

Contact Person samantha

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE maccland disposal

Name: macland

Address: 11300 hwy 63

City: moss point

State: ms

Zip: 39562

Tel: 475-9747

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

in accordance with all state regulations using wet method

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.

mike keleher

Type or Print Name


(Signature of Owner/Operator)

2/10/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

mike keleher

Type or Print Name


(Signature of Owner/Operator)

2/10/17

(Date)