

# 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) - <b>ORIGINAL</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) - <b>RENOVATION</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>KMC</b>					
Address <b>KAFB</b>					
City: <b>BILDYI</b>	State: <b>MS</b>	Zip: <b>39504</b>			
Site Location: <b>MRI ROOM</b>	Tel:				
Building Size <b>599,000 SF</b>	# of Floors: <b>5</b>	Age in Years: <b>58</b>			
Present Use: <b>MRI ROOM</b>	Prior Use: <b>MRI ROOM</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>81st CES/CEV</b>					
Address: <b>508 L STREET</b>					
City: <b>KAFB</b>	State: <b>MS</b>	Zip: <b>39535-2115</b>			
Contact: <b>BRENT EAVES</b>	Tel: <b>228 377-5803</b>				
REMOVAL CONTRACTOR - <b>KAK ASBESTOS</b>					
Address: <b>9617 JEAN STREET</b>					
City: <b>OCEAN SPRINGS</b>	State: <b>MS</b>	Zip: <b>39565</b>			
Contact: <b>MIKE KEIHER</b>	Tel: <b>228 392-6523</b>				
OTHER OPERATOR: <b>FSI</b>					
Address: <b>81st MEDICAL DIVISION - 301 FISHER</b>					
City: <b>KAFB</b>	State: <b>MS</b>	Zip: <b>39504</b>			
Contact: <b>JOHN DAVENPORT</b>	<b>228 -257-0877</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<b>CHARLES BINGHAM Mar 2017</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
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	<b>caulking ground pipe</b>			Ln Ft: <b>10</b>	Ln M:
Surface Area				Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3/20/17</b> Complete: <b>3/20/17</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

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Dept. of Environmental Quality

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

*glove bag in acc with all state Reg*

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

*glove bag & water*

XII. WASTE TRANSPORTER #1

Name: *K&K Asbestos*

Address: *9617 Jean St*

City: *Ocean Springs*

State: *MS*

Zip: *39565*

Contact Person: *MIKE KELEHER*

Tel: *392-6523*

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

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: *n/a*

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER.

*notify MSD&D*

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.

*MICHAEL KELEHER*  
Type or Print Name

*MIKE KELEHER*  
(Signature of Owner/Operator)

*3/7/17*  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

*MIKE KELEHER*  
Type or Print Name

(Signature of Owner/Operator)

*3/7/17*  
(Date)