

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) O				
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) "OLD FRED'S"				
Bldg. Name: OLD FRED'S STORE				
Address 11312 HWY 49				
City: GULFPORT	State: MS	Zip: 39501		
Site Location: ORANGE GROVE SHOPPING CENTER		Tel: 501 951-9075		
Building Size 110,438 SQ FT	# of Floors: 1	Age in Years: 53 YEARS		
Present Use: VACANT	Prior Use: RETAIL STORE			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: ORANGE GROVE LLC				
Address: 49 W 37TH ST. 9TH FLOOR				
City: NEW YORK CITY, NY	State: NY	Zip: 10018-6257		
Contact: JOHN REYNOLDS		Tel: 212 889-4417		
REMOVAL CONTRACTOR K&K ASBESTOS REMOVAL				
Address: 9617 JEAN STREET				
City: OCEAN SPRINGS	State: MS	Zip: 39565		
Contact: MIKE KELEHER		Tel: 228 392-6523		
OTHER OPERATOR: JIM, WOOD CO.				
Address: 3200 SO. SHACKLEFORD RD.				
City: LITTLE ROCK	State: AR	Zip: 72205		
Contact: JIM WOOD 501 951-9075				
V. IS ASBESTOS PRESENT? (Yes/No) YES				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
CHARLES BINGHAM - MICRO METHODS				
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	BLACK MASTIC			Sq Ft: 10,000 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/15/17		Complete: 3/24/17		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/01/17		Complete: 6/30/17		

RECEIVED

MAR 13 2017

Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		WET METHOD AS REQUIRED	
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:			
WET METHOD			
XII. WASTE TRANSPORTER #1 K&K ASBESTOS			
Name: MICHAEL KELEHER			
Address: 9617 JEAN STREET			
City: OCEAN SPRINGS			
State: MS		Zip: 39565	
Contact Person: MIKE KELEHER			
Tel:			
WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	
Zip:			
Contact Person:			
Tel:			
XIII. WASTE DISPOSAL SITE			
Name: MACLAND DISPOSAL			
Address: 11300 HIGHWAY 63			
City: MOSS POINT		State: MS	
Zip: 39562			
Tel: 228 475-9744			
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 NONFIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:			
IN ACCORDANCE WITH ALL STATE REGULATIONS			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 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.			
Type or Print Name: MIKE KELEHER		Signature of Owner/Operator: <i>Mike Keleher</i>	
(Date): 3/5/17			
Type or Print Name: MIKE KELEHER		Signature of Owner/Operator: <i>Mike Keleher</i>	
(Date): 3/5/17			
Type or Print Name: MIKE KELEHER		Signature of Owner/Operator: <i>Mike Keleher</i>	
(Date): 3/5/17			