

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 3/13/2017	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) MS Air National Guard Dining - B129					
Bldg. Name: MS Air National Guard Dining - B129					
Address 144 Military Dr.					
City: Jackson	State: MS	Zip: 39232			
Site Location: Building 129	Tel: 601-405-8669				
Building Size 5,000	# of Floors: 1	Age in Years: 60			
Present Use: Dining Facility	Prior Use: Dining Facility				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: MS Air National Guard					
Address: 144 Military Dr					
City: Jackson	State: MS	Zip: Dining Facility			
Contact: Cpt. Wesley Roberts	Tel: 601-405-8669				
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.					
Address: PO Box 15925					
City: Hattiesburg	State: MS	Zip: 39404			
Contact: William H. Stamps	Tel: 601-264-5550				
OTHER OPERATOR: Southeast Cherokee Construction					
Address: 1491 Furnace St.					
City: Montgomery	State: AL	Zip: 36104			
Contact: Todd Myers					
V. IS ASBESTOS PRESENT? (Yes/No) Yes - Floor tile and mastic (1,565 SF) -					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
James S. Yawn - 12/20/16 - PLM@EHS - Flooring, mastic,					
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				Ln Ft:	Ln M:
Surface Area	1,565			Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/27/2017				Complete: 3/31/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/27/2017				Complete: 3/31/2017	

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Dept. of Environmental Quality

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

Removal of ACM prior to replacement by ohoters

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

Containment will be established with poly critical barriers with negative air. All ACM will Watted and manually removed . Waste will be placed in clear , labeled , poly bags and a placed in properly lines container for disposal.

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services , Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI Little Dixie

Address: 1716 N. COUNTY LINE ROAD, .

City: JACKSON

State: MS

Zip: 39213

Tel: 601-982-9488

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant
Type or Print Name

(Signature of Owner/Operator)

3/13/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant
Type or Print Name

(Signature of Owner/Operator)

3/13/17

(Date)