

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 "Info Only"							
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) JONES HALL 6902							
Bldg. Name: JONES HALL							
Address: KAFB							
City: BILOXI		State: MS		Zip: 39534			
Site Location: KAFB - BLDG 6902						Tel:	
Building Size 50,000		# of Floors: 2		Age in Years: 50 +			
Present Use: OFFICES		Prior Use: OFFICES					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: 81ST CES/CEV							
Address: 508 L STREET RM # 1							
City: KAFB		State: MS		Zip: 39535-2115			
Contact: BRENT EANES						Tel:	
REMOVAL CONTRACTOR K&K ASBESTOS REMOVAL							
Address: 9617 JEAN STREET							
City: OCEAN SPRINGS		State: MS		Zip: 39565			
Contact: MIKE KELEHER						Tel: 392-6523	
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) ASSUMED							
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:							
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			
Pipes					Ln Ft: 10	Ln M:	
Surface Area		DRYWALL			Sq Ft: 100 SFT	Sq M:	
Vol RACM Off Facility Component					Cu Ft:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/20/17 4/20/17 MK					Complete: 04/20/17 4/20/17 MK		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:					Complete:		

RECEIVED

APR 13 2017

Dept. of Environmental Quality

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

WET METHOD IN ACC. WITH ALL STATE REGULATIONS

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

Name: **K&K ASBESTOS**

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**

Address: **11300 HIGHWAY 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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP AND NOTIFY MSDEQ

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

Mike Keleher
(Signature of Owner/Operator)

3/29/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

MIKE KELEHER

Type or Print Name

Mike Keleher
(Signature of Owner/Operator)

3/29/17

(Date)