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) II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Erner. Renovation) R III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Bldg. Name: VAMC Biloxi 400 Veterans Avenue Address Zip: 39531 State: MS Biloxi City: Site Location: Building 21 Tel: 228-523-2410 Building Size 21,000 SF # of Floors: 1 Age in Years: 79 Present Use: Canteen/Cafeteria office space Prior Use: Canteen/Cafeteria office space IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: VA Gulf Coast Veterans Health Care System 400 Veterans Avenue Address: Biloxi State: MS 39531 City: Zip: Contact: Bill Roberts 228-523-2410 REMOVAL CONTRACTOR Gulf Services Contracting, Inc. Address: 5000 Rangeline Road City: Mobile State: AL 36619 Contact: Jonathan Valle 251-443-8161 Tel: OTHER OPERATOR: N/A Address: City: State: Zip: Contact: 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): PLM Charles D. Bingham ABI-00001348, 02/15/2017 VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable INCLUDING: **Asbestos** Material Not Indicate Unit of **RACM** To Be Removed Measurement Below Regulated ACM to be Removed 1. To Be Category I ACM Not Removed Removed Category II ACM Not Removed Category I Category II UNIT Pipes LnFt: Ln M: Surface Area Floor tile/mastic SqFt: Sq M: Vol RACM Off Facility Component

03/01/2017

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/25/2017

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:



CuFt:

Cu M:

Complete: 04/26/2017

Complete: 06/30/2017

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Asbestos Abatement to facilitate renovations to follow			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE			
DEMOLITION OR RENOVATION SITE: Negative Pressure, Wet Methods.			
regulive fleshare, wet methods.			
XII. WASTE TRANSPORTER #1			
Name: Gulf Services Contracting, Inc.			
Address: 5000 Rangeline Road			
City: Mobile	State: AL	1	Zip: 36619
ontact Person: Jonathan Valle		Tel:	
WASTE TRANSPORTER #2			
Name: N/A			
Address:			
City:	State:		Zip:
Contact Person:	rson:		Tel:
XIII. WASTE DISPOSAL SITE			
Name: Dirt, Inc.			
Address: 8081 Cottage Hill Road			
City: Mobile	State: AL		Zip: 36619
Tel: 251-443-8161			
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 Beg			Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS:			
Date and Hour of Emergency (MM/DD/YY): N/A			
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:			
Stop work. Test Materials. Notify Owner and MDEQ of any changes.			
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. Jonathan Valle, President			
Type or Print Name (Signature of Owner/Operator) (Date)			
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS COBRECT: Jonathan Valle, President 04/12/2017			
Jonathan Valle, President			
Type or Print Name Signature of Owner/Operator)		(Date)	