

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) R					
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)					
Bldg. Name: Hinton Hall Laboratory					
Address 51 Main Street					
City: Perkinston	State: MS	Zip: 39573			
Site Location: Hinton Hall Laboratory		Tel: 601-928-5211			
Building Size 25,000 sf	# of Floors: 1	Age in Years: 45 +/-			
Present Use: Laboratory	Prior Use: Laboratory				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Mississippi Gulf Coast Community College					
Address: 51 Main Street					
City: Perkinston	State: MS	Zip: 39573			
Contact: Heath Perry	Tel: 601-928-5211				
REMOVAL CONTRACTOR Gulf Services Contracting, Inc.					
Address: 5000 Rangeline Road					
City: Mobile	State: AL	Zip: 36619			
Contact: Derek Biehl	Tel: 251-443-8161				
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):					
Bulk Sample; PLM Analysis; Clifford Meins, 11/30/2016					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area		Vat/Mastic		Sq Ft: 10,500	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/20/2017				Complete: 05/08/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/03/2017				Complete: 07/31/2017	

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

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

Wet Methods. Glove bag and or negative air.

XII. WASTE TRANSPORTER #1

Name: Team Waste

Address: 14339 Hudson Krohn Road

City: Biloxi

State: MS

Zip: 39532

Contact Person: Darlene Gaubert

Tel: 228-348-1922

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Macland Disposal

Address: 11300 MS-63

City: Moss Point

State: MS

Zip: 39562

Tel: 228-475-9750

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: N/A

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 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.

Derek Biehl

Type or Print Name

(Signature of Owner/Operator)

04/18/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Derek Biehl

Type or Print Name

(Signature of Owner/Operator)

04/18/2017

(Date)