

# 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) <b>ORIGINAL</b>   |                                  |  |                                |                                    |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>RENOVATION</b>  |                                  |  |                                |                                    |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>VAMC BILOXI, V</b>  |                                  |  |                                |                                    |
| Bldg. Name: <b>VA MEDICAL CENTER</b>  |                                  |  |                                |                                    |
| Address <b>400 VETERANS BLVD</b>  |                                  |  |                                |                                    |
| City: <b>BILOXI</b>   | State: <b>MS</b>                 | Zip: <b>39531</b>                              |                                |                                    |
| Site Location: <b>BUILDING 1 &amp;2</b>   |                                  | Tel:   |                                |                                    |
| Building Size <b>10,000+</b>  | # of Floors: <b>5</b>            | Age in Years: <b>19+</b>                       |                                |                                    |
| Present Use: <b>MEDICAL CENTER</b>  | Prior Use: <b>MEDICAL CENTER</b> |  |                                |                                    |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)   |                                  |  |                                |                                    |
| OWNER NAME: <b>VETERANS ADMINISTRATION</b>  |                                  |  |                                |                                    |
| Address: <b>400 VETERANS AVE.</b>   |                                  |  |                                |                                    |
| City: <b>BILOXI</b>   | State: <b>MS</b>                 | Zip: <b>39531</b>                              |                                |                                    |
| Contact:  |                                  | Tel:   |                                |                                    |
| REMOVAL CONTRACTOR <b>ADS SERVICES INC.</b>   |                                  |  |                                |                                    |
| Address: <b>5451 N. 59TH ST.</b>  |                                  |  |                                |                                    |
| City: <b>TAMPA</b>  | State: <b>FL</b>                 | Zip: <b>33610</b>                              |                                |                                    |
| Contact: <b>KENNETH RUDDOCK</b>   |                                  | Tel: <b>813-875-4600</b>                       |                                |                                    |
| OTHER OPERATOR: <b>N/A</b>  |                                  |  |                                |                                    |
| Address:  |                                  |  |                                |                                    |
| City:   | State:                           | Zip:   |                                |                                    |
| Contact:  |                                  |  |                                |                                    |
| V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>   |                                  |  |                                |                                    |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL<br>(Include inspector name and date of inspection) :<br><b>MICRO METHODS LABORATORY INC.</b> |                                  |  |                                |                                    |
| 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<br>2. Category I ACM Not Removed<br>3. Category II ACM Not Removed   |                                  | Category I                                     | Category II                    | UNIT                               |
| Pipes   |                                  |  |                                | Ln Ft:      Ln M:                  |
| Surface Area <b>WHITE MASONRY PAINT</b>   |                                  | <b>2</b>                                       |                                | Sq Ft: <b>10,000</b> Sq M:         |
| Vol RACM Off Facility Component   |                                  |  |                                | Cu Ft:      Cu M:                  |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>phase1 JUNE 12, 2017</b> Complete: <b>JULY 1, 2017</b>  |                                  |  |                                |                                    |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:      Complete:  |                                  |  |                                |                                    |

RECEIVED  
MAY 30 2017  
Dept. of Environmental Quality

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:

CONTAINMENT, WET REMOVAL, BAGGED, PPE, CERTIFICATIONS,.

XII. WASTE TRANSPORTER #1

Name: WASTE MANAGEMENT OF MS INC.

Address: 10242 CANAL ROAD

City: GULFPORT

State: MS

Zip: 39503

Contact Person: SKIP CARROLL

Tel: 228-547-6562

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: PECAN GROVE LANDFILL

Address: 9685 FIRETOWER ROAD

City: PASS CHRISTIAN

State: MS

Zip: 39571

Tel:

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:

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.

KENNETH RUDDOCK

Type or Print Name

(Signature of Owner/Operator)

5/24/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

KENNETH RUDDOCK

Type or Print Name

(Signature of Owner/Operator)

5/24/2017

(Date)