

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							
II. TYPE OF OPERATION (O=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: 618 DELMAS AVE							
Address 618 DELMAS AVENUE							
City: PASCAGOULA		State: MS		Zip:			
Site Location: SAME AS ABOVE				Tel: 938-6651			
Building Size 3000SF		# of Floors:		Age in Years: 50			
Present Use: VACANT		Prior Use: RETAIL					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: CITY OF PASCAGOULA							
Address: 618 DELMAS AVE							
City: PASCAGOULA		State: MS		Zip:			
Contact: JEN DEARMAN				Tel: 938-6651			
REMOVAL CONTRACTOR K&K ASBESTOS							
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) YES							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):							
WET METHOD							
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				Category I		Category II	
2. Category I ACM Not Removed						UNIT	
3. Category II ACM Not Removed							
Pipes				Ln Ft:		Ln M:	
Surface Area				MASTIC		Sq Ft: 1000 Sq M:	
Vol RACM Off Facility Component				Cu Ft:		Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/12/17 Complete: 6/19/17							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/20/17 Complete: 7/20/17							

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: WET METHOD			
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 K&K ASBESTOS			
Name: K&K			
Address: 9617 JEAN STREET			
City: OCEAN SPRINGS	State: MS	Zip: 39565	
Contact Person:		Tel:	
WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Tel:	
XIII. WASTE DISPOSAL SITE			
Name: MACLAND			
Address: 11300 HWY 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: IN ACCORDANCE WITH STATE REGS.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON SITE 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 (Signature of Owner/Operator) 6/2/17 (Date)			
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: MIKE KELEHER Type or Print Name (Signature of Owner/Operator) 6/2/17 (Date)			