## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Operator Project #	MIDEQ Aspestos	section, 515							
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=Emer. Renovation) R									
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) McClelland Hall, Bidg 2818, floors 1&2									
Bidg. Name: McClelland Hall									
Address: Keesler AFB Hanger road & E street									
<sub>City:</sub> Biloxi		State: MS	3	Zip: 39534					
Site Location: Keesler AFB Bldg 2818				Tel:					
Building Size 36,000sf		# of Floors	: 4	Age in Years:					
Present Use:		Prior Use:							
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)									
OWNER NAME: United States Air Force									
Address: Keesler AFB									
City: Biloxi		State: MS		Zip: 39534					
Contact: THOMAS A. HUTCHINS, SSgt, USAF				Tel: (228) 377-1829					
REMOVAL CONTRACTOR: Anderson Environmetal									
Address: P.O. Box 16891									
<sub>City:</sub> Jackson	State: MS		Zip: 39236						
Contact: Daryl Anderson				Tel: 601-940-4644					
OTHER OPERATOR: GSI Construction Co. INC.									
Address: 2993 Wallace Lake Rd, Pace, Florida 32571									
<sub>City:</sub> Pace		State: FL		<sub>Zip:</sub> 32571					
Contact: Josh Owens									
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 Method, Inspector USAF									
VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable									
INCLUDING.			Asbe Materia		Indicate Unit of				
Regulated ACM to be Remove	red T	ACM o Be	To Be Re	emoved		ment Below			
<ol> <li>Category I ACM Not Remove</li> <li>Category II ACM Not Remove</li> </ol>		noved	Category I	Category II	UNIT				
Pipes		30	Х		LnFt: X	Ln M:			
Surface Area	-				SqFt: X	Sq M:			
Vol RACM Off Facility Component	25	,000	х		CuFt:	Cu M:			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7- 20-17 Complete: 8-30-17									
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-05-17									

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  Renovation done regarding upgrades to electrical and mechanical								
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:								
Abatement will be done in full containment, under negative pressure, using wet methods. Glovebags may also be utilized fo								
XII. WASTE TRANSPORTER #1 Waste Pro								
Name: Waste Pro of Biloxi								
Address: 13002 Old Highway 67								
<sub>City:</sub> Biloxi	State: MS		Zip: 39532					
Contact Person: Dispatch Manager	<sub>Tel:</sub> (228) 392-1001							
WASTE TRANSPORTER #2								
Name:								
Address:								
City:	State:		Zip:					
Contact Person:	ntact Person:		Tel:					
XIII. WASTE DISPOSAL SITE								
Name: Macland Landfill								
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: Title:								
Authority:								
ate 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:								
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.								
Type or Print Name (Signature of Owner/Oper	ator)	6-30-17 (Date)						
XVIII. I CERTIFY THAT THE ABOVE INFORMATION CORRECT:								
Daryl Anderson Dayl Me		6-30-17						
Type or Print Name (Signature of Owner/Opera	(Signature of Owner/Operator)		(Date)					

RECEIVED

JUN 3 0 2017