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) Revision

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Jones Hall

Bldg. Name: Bldg 6902 Jones Hall

Address: KAFB

City: Biloxi | State: MS | Zip: 39534

Site Location: KAFB | Tel: 377-5803

Building Size: 50,000 SF | # of Floors: 2 | Age in Years: 50+

Present Use: Area is vacant | Prior Use: Offices

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: 81 CES/CEV

Address: 508 L Street Rm # 159 & 161

City: KAFB Biloxi | State: MS | Zip: 39534

Contact: Brent Eanes | Tel: 377-5803

REMOVAL CONTRACTOR: K&K Asbestos Removal

Address: 9617 Jean Street

City: Ocean Springs | State: MS | Zip: 39565

Contact: Mike Kleiber | Tel: 392 6523

OTHER OPERATOR: DNP General Contractor

Address: PO Box 6399

City: Dilberville | State: MS | Zip: 39540-6639

Contact: Mike COX

V. IS ASBESTOS PRESENT? (Yes/No) assumed

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area	drywall			SqFt: 200	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: July 11, 2017 Complete: July 14, 2017

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: July 17, 2017 Complete: —

* + wrap & dispose of vault door!

SCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND METHODS TO BE USED

Wet method

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE MOLITION OR RENOVATION SITE

In acc w/all State regulations - Wet Method

XII WASTE TRANSPORTER # KNK

Name: Mike Belcher

Address: 9617 Jean Street

City: Ocean Springs | State: MS | Zip: 39565

Contact Person: Mike Belcher | Tel: 392 6523

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 acc w/all State Reg.

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.

Mike Belcher — Mike Belcher — 07-05-17

Type or Print Name — (Signature of Owner/Operator) — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Mike Belcher — Mike Belcher — 07-05-17

Type or Print Name — (Signature of Owner/Operator) — (Date)