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) Huntington Ingalls Inc., Ingalls Shipbuilding Division

Bldg. Name: Admin 1 West Wall Refurbishment

Address 1000 Jerry St. Pe' Highway

City: Pascagoula	State: MS	Zip: 39567
Site Location: Administration 1 Building		Tel: 228.935.5824/228.935.3919
Building Size 150,000 SF, 300 LF	# of Floors: 2	Age in Years: 48
Present Use: Office Space	Prior Use: Office Space	

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

OWNER NAME: Ingalls Shipbuilding

Address: 1000 Jerry St. Pe' Highway

City: Pascagoula	State: MS	Zip: 39567
Contact: Doug Zirlott		Tel: 228.935.4575

REMOVAL CONTRACTOR Abatement Contractors of Mississippi

Address: 761 Weathersby Road

City: Hattiesburg	State: MS	Zip: 39402
Contact: Charles Anderson Jr. ABC-00003976		Tel: 601.270.8179

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):

10/31/2016, Kevin Kowalewski, ABI-00005128, PLM Analysis

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	0	0	0	LnFt:	Ln M:
Surface Area	2000	0	0	SqFt: SQFT	Sq M:
Vol RACM Off Facility Component	0	0	0	CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/28/2017 Complete: 7/31/2017

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/28/2017 Complete: 8/11/2017

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

Office space to be renovated and new flooring installed.

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

Strip and Removal, Double Bagging, Remove Intact, Negative Air.

XII. WASTE TRANSPORTER #1

Name: Delta Sanitation

Address: 4205 Beasley Road

City: Gautier	State: MS	Zip: 39553
Contact Person: Rick Clancey		Tel: 850.426.3952

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: Macland

Address: 11300 Highway 63

City: Escatawpa	State: MS	Zip: 39552

Tel: 228.475.9701

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:

Stop work and reassess the work plan. Contact DEQ

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.

Kevin Kowalewski — Type or Print Name

(Signature of Owner/Operator)

7/24/2017 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Kevin Kowalewski — Type or Print Name

(Signature of Owner/Operator)

7/24/2017 — (Date)