

37063

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) D | | | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number) NASA Stennis Space Center | | | | | |
| Bldg. Name: Bldg 2436 | | | | | |
| Address 1002 Balch Blvd | | | | | |
| City: Stennis | State: MS | Zip: 39529 | | | |
| Site Location: Stennis Space Center | | Tel: (228) 688-2211 | | | |
| Building Size Approx. 11,000 SF | # of Floors: 1 | Age in Years: 50 | | | |
| Present Use: None | Prior Use: Space Office Facility | | | | |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | | | |
| OWNER NAME: NASA | | | | | |
| Address: 1002 Balch Blvd | | | | | |
| City: Stennis, | State: MS | Zip: 39529 | | | |
| Contact: | Tel: (228) 688-2211 | | | | |
| REMOVAL CONTRACTOR Anderson Environmental Services | | | | | |
| Address: P.O. Box 16891 | | | | | |
| City: Jackson | State: MS | Zip: 39236 | | | |
| Contact: Daryl Anderson | Tel: 601-940-4644 | | | | |
| 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): PLM, Chris Roberston | | | | | |
| 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 2. Category I ACM Not Removed 3. Category II ACM Not Removed | | Category I | Category II | UNIT | |
| Pipes | | | | Ln Ft: | Ln M: |
| Surface Area | 10,310 | | | Sq Ft: X | Sq M: |
| Vol RACM Off Facility Component | | | | Cu Ft: | Cu M: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-12-17 | | | | Complete: 10-15-17 | |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-16-17 | | | | Complete: 12-30-17 | |

RECEIVED
SEP 12 2017
Dept. of Environmental Quality

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

Demolition of building, abating regulated asbestos under containment

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

Asbestos abatement under negative pressure enclosure, using wet methods.

XII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 13002 Old Highway 67

City: Biloxi,

State: MS

Zip: 39532

Contact Person: Dispatch Operator

Tel: (228) 392-1001

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Stennis Space Center landfill

Address: 1002 Balch

City: Stennis

State: MS

Zip: 39529

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Halt all work and notify the proper authorities

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.

Daryl Anderson

Daryl Anderson

9-11-17

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

9-11-17

Type or Print Name

(Signature of Owner/Operator)

(Date)

Gasqueline Anderson

9-12-17