

SEP 29 2017

**MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM**Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Dept. of Environmental Quality

Operator Project #		Postmark		Date Received (MDEQ use only)		Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>McClelland Hall, Bldg 2818, floors 1&amp;2</b>							
Bldg. Name: <b>McClelland Hall</b>							
Address: <b>Keesler AFB Hanger road &amp; E street</b>							
City: <b>Biloxi</b>		State: <b>MS</b>		Zip: <b>39534</b>			
Site Location: <b>Keesler AFB Bldg 2818</b>						Tel:	
Building Size <b>36,000sf</b>		# of Floors: <b>2</b>		Age in Years:			
Present Use:		Prior Use:					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <b>United States Air Force</b>							
Address: <b>Keesler AFB</b>							
City: <b>Biloxi</b>		State: <b>MS</b>		Zip: <b>39534</b>			
Contact: <b>THOMAS A. HUTCHINS, SSgt, USAF</b>						Tel: <b>(228) 377-1829</b>	
REMOVAL CONTRACTOR: <b>Anderson Environmental</b>							
Address: <b>P.O. Box 16891</b>							
City: <b>Jackson</b>		State: <b>MS</b>		Zip: <b>39236</b>			
Contact: <b>Daryl Anderson</b>						Tel: <b>601-940-4644</b>	
OTHER OPERATOR: <b>GSI Construction Co. INC.</b>							
Address: <b>2993 Wallace Lake Rd, Pace, Florida 32571</b>							
City: <b>Pace</b>		State: <b>FL</b>		Zip: <b>32571</b>			
Contact: <b>Josh Owens</b>							
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>PLM Method, Inspector USAF</b>							
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	12	X		Ln Ft: X	Ln M:		
Surface Area				Sq Ft:	Sq M:		
Vol RACM Off Facility Component		X		Cu Ft:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9- 29-17</b>				Complete: <b>10-10-17</b>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9-29-17</b>				Complete: <b>1-30-18</b>			

## 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 for

## XII. WASTE TRANSPORTER #1

Name: **Team Waste**Address: **14339 Hudson Krohn Rd,**City: **Biloxi**State: **MS**Zip: **39532**Contact Person: **Tim Callahan**Tel: **(228) 697-6159**

## WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact 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:

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 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.

Daryl Anderson

*Daryl Anderson*

9-28-17

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

*Daryl Anderson*

9-28-17

Type or Print Name

(Signature of Owner/Operator)

(Date)