

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)
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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)

Bldg. Name: Old Merchiston Hall

Address 918 Howard Ave

City: Biloxi	State: Ms	Zip: 39530
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Site Location: 918 Howard Ave	Tel:
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Building Size 8000 sq ft	# of Floors: 2	Age in Years: 50+
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Present Use: vacant	Prior Use: furniture store
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IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Machado/Patano

Address: 1641 popps Ferry Road Suite a-4

City: biloxi	State: ms	Zip: 39532
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Contact: Gerrod Kilpatrick	Tel: 228 224-1530
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REMOVAL CONTRACTOR K&K Asbestos

Address: 9617 Jean street

City: Ocean Springs	State: Ms	Zip: 39565
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Contact: Mike Keleher	Tel: 228 392-6523
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OTHER OPERATOR: GC Dnp

Address: 680 kenedy lane

City: biloxi	State: ms	Zip: 39532
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Contact: Mike Cox

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):

Charles Bingham Micro Methods

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				Ln Ft:	Ln M:
Surface Area	acc. ceiling	tile 2300sf		Sq Ft: 3400	Sq M:
/ol RACM Off Facility Component				Cu Ft:	Cu M:

III. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/14/17

Complete: 11/30/17

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/30/17

Complete: 03/30/18

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

wet method will be used

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

set up containment and use water while abating

XII. WASTE TRANSPORTER #1

Name: k&k asbestos

Address: 9617 jean street

City: ocean springs

State: ms

Zip: 39565

Contact Person: Mike Keleher

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

This will be done in accordance with all state regulations

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 Keleher

Type or Print Name

(Signature of Owner/Operator)

10/31/17

11/9/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Mike Keleher

Type or Print Name

(Signature of Owner/Operator)

10/31/17

11/9/17
(Date)