## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to:	MDEQ Asbestos	Section, 515	E. Amite Stree	t, Jackson, MS 3	9201		
Operator Project #	Postmark		Date Received	(MDEQ use only)	Notification #	(MDEQ use only)	
Type of Notification (O=Original R=Re	evised C=Canceled /	A= Annual)	Origina	1			
II. TYPE OF OPERATION (D=Demo C					a) IRea	evetion	
III. FACILITY DESCRIPTION (Include b							
Bldg. Name: Buildings				816.3287	3288		
Address 2500 Jack			,	4	1		
			13	zip: 39401			
Site Location: 3200 Block				Tel:			
Building Size (13 × 20	# of Floors	: 1	Age in Years: OUR 30 yrs				
Present Use: UMCAL	Prior Use:	2		7			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: MS M		Jept					
Address: 1410 River	202-2						
City: Juc RSON State			1/2	Zip: 5500	zip: 3902		
Contact:				Tel:			
REMOVAL CONTRACTOR /4 66		on tre	ters o	+ Missis	sippi	NC	
	thurs by			2011	•		
City: + httich State:			15	Zip: 3940	39407		
Contact: Charles A		Tel: (00/	270 81 19				
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:	-1.4						
V. IS ASBESTOS PRESENT? (Yes/No VI. PROCEDURE, INCLUDING ANALY		APPROPRIAT	E. USED TO DET	ECT THE PRESENCE	E OF ASBESTOS	S MATERIAL	
(Include inspector name and date of ins	pection):						
Tested By S	pedity AL	ontent	1	Tonsi	3mg not		
II. APPROXIMATE AMOUNT OF ASBESTOS			Nonfriable Asbestos		,		
Regulated ACM to be Removed     Category I ACM Not Removed     Category II ACM Not Removed		RACM	Material Not To Be Removed		Indicate Unit of Measurement Below		
	d F	To Be Removed	Category I	Category II	UNIT		
Pipes Son A	4	+			LnFt:	Ln M:	
Surface Area JEE ATIACH V		wij			SqFt:	Sq M:	
Vol RACM Off Facility Component				- 1 ·	CuFt:	Cu M:	
/III. SCHEDULED DATES ASBESTOS	REMOVAL (MM/DE	O/YY) Start:	2-1-17		Complete:	5-1-	
X. SCHEDULED DATES DEMO/RENO	OVATION (MM/DD/Y	Y) Start:	2-3-17		Complete: 5	5-3-18	

x. description of planned demolition or renovation work, and method(s) to be used: Remove Achestos, Remove 2007 Structure for Renovation							
XÎ. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:							
wet method, Bay,							
XII. WASTE TRANSPORTER #1 Abortant Contractors of MS INK							
Name:							
Address: 7(e) Westhady Rul							
City: Alatteches	State: M.5	Zip: 35402 Tel: (0012708179					
Contact Person: Chores Adesur	50	Tel: (0012708179					
WASTE TRANSPORTER #2							
Name:							
Address:							
City:	State:	Zip:					
Contact Person:		Tel:					
XIII. WASTE DISPOSAL SITE							
Name: Control landfill (waste Many wet)							
Address:							
City: Mo Neill	State: US	Zip:					
Tel:							
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
Name: Title:							
Authority:							
Date of Order (MM/DD/YY):	te 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:  Stop work, Notuce Deal.							
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:							
NAME ASSESSED THAT AN AND ARRIVED BY THE PROMOTOR OF THE SECURATION AS A SUBSECTION OF THE SECURE AS A SUBSECTIO							
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.							
Type or Print Name (Signature of Owner/Operator) (Date)							
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  11-15-17							
Type or Print Name (Signature of Owner/Operator) (Date)							

Camp Shelby
Hattiesburg MS

Multiple Building Renovation/Selective Demolition Buildings 3266,3284,3285,3286,3287,3288

All Buildings have the following asbestos containing materials,

Window caulking approx. L/F per Building 460 l/f per Building

Transite siding approx. S/F per Building 90 s/f per Building