

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

RECEIVED
NOV 29 2017
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) O				
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: BLDG 4002				
Address KAFB				
City: BILOXI	State: MS	Zip: 39534		
Site Location: BLDG 4002			Tel:	
Building Size 25,000	# of Floors: 1	Age in Years: 50+		
Present Use: AREA WILL BE VACANT	Prior Use: OFFICES			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: 81ST CES/CEV				
Address: 580 L STREET				
City: BILOXI	State: MS	Zip: 39534		
Contact: BRENT EANES			Tel:	
REMOVAL CONTRACTOR K&K ASBESTOS				
Address: 9617 JEAN STREET				
City: OCEAN SPRINGS	State: MS	Zip: 39565		
Contact: MIKE KELEHER			Tel:	
OTHER OPERATOR: DNP				
Address: 660 KENNEDY LANE				
City: BILOXI	State: MS	Zip: 39532		
Contact: MIKE COX				
V. IS ASBESTOS PRESENT? (Yes/No) ASSUMED				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
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				Sq Ft: 5000 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/08/17 <i>MIC</i>			Complete: 01/25/18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/26/18			Complete:	

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

REMOVE FLOOR TILE AND MASTIC USING WET METHOD

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

XII. WASTE TRANSPORTER #1 **K&K ASBESTOS**

Name: **K&K ASBESTOS**

Address: **9617 JEAN STREET**

City: **OCEAN SPRINGS**

State: **MS**

Zip: **39565**

Contact Person: **MIKE KELEHER**

Tel: **228 392-6523**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **MACLAND**

Address: **11300 HWY 63**

City: **MOSS POINT**

State:

Zip:

Tel: **475-9747**

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:

WET METHOD WILL BE USED

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

Mike Keleher
(Signature of Owner/Operator)

~~11/27/17~~ **11/27/17 MK**
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

MIKE KELEHER

Mike Keleher
(Signature of Owner/Operator)

~~11/27/17~~ **11/27/17 MK**
(Date)

Type or Print Name

(Signature of Owner/Operator)

(Date)