

37430

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED
DEC 4 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 - changing out boiler			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: 6902			
Address: KAFB			
City: Biloxi	State: MS	Zip: 39534	
Site Location:		Tel: 377-5803	
Building Size	# of Floors:	Age in Years: 50+	
Present Use: Mech room	Prior Use: Mech room		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: 81st CES/CEV			
Address: 508 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)			
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	
		Category I	Category II
		UNIT	
Pipes	elbows & joints		
Surface Area		SqFt: 6	Sq M:
Vol RACM Off Facility Component		CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-12-17		Complete: 12-15-17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12-16-17		Complete:	

* Boiler will be removed in tact

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

Boiler will be removed in fact - pipes & elbows glove bagged

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

Keep a/cm wet

XII. WASTE TRANSPORTER #1

Name: Harm Waste

Address: 14339 Hudson Krohn Rd

City: Bellevue State: MS Zip: 39532

Contact Person: Samantha Tel: 328-1820

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Macland

Address: 11300 NWY 63

City: Moss Point State: MS 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:

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 11-29-17
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Mike Keleher Mike Keleher 11-29-17
Type or Print Name (Signature of Owner/Operator) (Date)