

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)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) 0					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demolition					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Pascagoula ADC					
Address: 1719 KENNETH AVE					
City: Pascagoula	State: MS	Zip: 39567			
Site Location: 1719 KENNETH AVE		Tel: 969-3088			
Building Size: 24,500	# of Floors: 1	Age in Years: 39 years			
Present Use: vacant	Prior Use: Jail				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Jackson County Board of Supervisors					
Address: P.O. Box 998					
City: Pascagoula	State: MS	Zip: 39568-0998			
Contact:		Tel: 969-3088			
REMOVAL CONTRACTOR: K&K Asbestos					
Address: 9617 Jean St					
City: OCEAN SPRINGS	State: MS	Zip: 39565			
Contact: Mike Keleher		Tel: 392-6523			
OTHER OPERATOR: M&D Construction Co. Inc					
Address: 4006 KREDIE AVE					
City: MOSS POINT	State: MS	Zip: 39563			
Contact: JEFFREY BELK					
V. IS ASBESTOS PRESENT? <input checked="" type="radio"/> Yes <input type="radio"/> 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		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area	Black mastic	6,000 SF		Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Dec 18, 2017				Complete: Dec 25, 2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Dec 26, 2017				Complete: Jan 30, 2017	

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

WET METHOD

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

KEEPING material wet

XII. WASTE TRANSPORTER #1

Name: K&K Asbestos

Address: 9617 Jean St

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: Macland landfill

Address: 11300 Hwy 63

City: Moss Point

State: MS

Zip: 39562

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

Type or Print Name

Mike Keleher

(Signature of Owner/Operator)

Dec 04, 2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

MIKE KELEHER

Type or Print Name

Mike Keleher

(Signature of Owner/Operator)

Dec 04, 2017

(Date)