

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) <input type="radio"/>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Ingalls Shipbuilding					
Bldg. Name: PC Central Building					
Address: 1000 Jerry St. Pe' Highway					
City: Pascagoula	State: MS	Zip: 39567			
Site Location: West Bank Facility		Tel: 228-935-5824			
Building Size: 13,000 SF	# of Floors: 1	Age in Years: 30			
Present Use: Office Space	Prior Use: Office Space				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Huntington Ingalls Incorporated, Ingalls Shipbuilding division					
Address: 1000 Jerry St. Pe' Highway					
City: Pascagoula	State: MS	Zip: 39567			
Contact: Kevin Kowalewski		Tel:			
REMOVAL CONTRACTOR: Abatement Contractors of Mississippi					
Address: 761 Weathersby Rd					
City: Hattiesburg	State: MS	Zip: 39402			
Contact: Charles Anderson Jr., ABC-00003976		Tel: (601)270-8179			
OTHER OPERATOR: Yates Construction Company					
Address: 400 South Lamar Suite E					
City: Oxford	State: MS	Zip: 38655			
Contact: Richard Gurner (662) 202-4790					
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):					
Inspection by Kevin Kowalewski (ABI-00005128) performed on 1/25/2018 revealed floor mastic containing 2% chrysotile asbestos via PLM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes	0	0	0	Ln Ft:	Ln M:
Surface Area	13000	0	0	Sq Ft: Sq Ft	Sq M:
Vol RACM Off Facility Component	0	0	0	Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/19/2018				Complete: 2/21/2018	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/21/2018				Complete: 2/21/2018	

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

Abate floor tile. Demolish building structure and slab

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

Strip & Removal, Double Bagging, Remove Intact, Negative Air

XII. WASTE TRANSPORTER #1

Name: **Delta Sanitation**

Address: **205 Beasley Road**

City: **Gautier**

State: **MS**

Zip: **39553**

Contact Person: **Rick Clancey**

Tel: **(850)426-3952**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Macland**

Address: **11300 Hwy 63**

City: **Escatawpa**

State: **MS**

Zip: **39552**

Tel: **(228)475-9701**

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 CRUMBLLED, 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.

Kevin Kowalewski

Type or Print Name

(Signature of Owner/Operator)

1/31/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Kevin Kowalewski

Type or Print Name

(Signature of Owner/Operator)

1/31/2018

(Date)

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