

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) O					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: GLOVER STREET CHURCH					
Address: 3919 GLOVER ST					
City: GULFPORT	State: MS	Zip: 39503			
Site Location: 3919 GLOVER ST		Tel: 228 863-5951			
Building Size: 2400 SQ FT	# of Floors: 1	Age in Years: 45			
Present Use: VACANT	Prior Use: CHURCH				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: GULFPORT- BILOXI REGIONAL AIRPORT					
Address: 14035 - L AIRPORT ROAD					
City: GULFPORT	State: S	Zip: 39501			
Contact: BEN BENVENUTTI		Tel: 228 263-5951			
REMOVAL CONTRACTOR K&K ASBESSTOS REMOVAL					
Address: 9617 JEAN STREET					
City: OCEAN SPRINGS	State: MS	Zip: 39565			
Contact: MIKE KELEHER		Tel: 392-6523			
OTHER OPERATOR: DEMO CONTRACTOR HAS NOT BEEN DETERMINED					
Address:					
City:	State:	Zip:			
Contact:					
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):					
COVINGTON AND ASSOCIATES					
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				Sq Ft: 1000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/26/18 Complete: 03/02/18					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

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:

NEGATIVE AIR AND WATER

XII. WASTE TRANSPORTER #1

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 LANDFILL

Address: 11300 HIGHWAY 53

City: MOSS POINT

State: MS

Zip: 39562

Tel: 228 475-9747

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:

STOP AND NOTIFY MSDEQ

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)

02/8/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

MIKE KELEHER

Type or Print Name

Mike Keleher
(Signature of Owner/Operator)

02/08/18

(Date)