

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #		Postmark 2/26/18		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) Building 398							
Bldg. Name: NCBC Building 398							
Address 3502 8th Street							
City: Gulfport		State: MS		Zip: 39501			
Site Location: Building 398				Tel:			
Building Size 10,000 SF		# of Floors: 2		Age in Years: 50			
Present Use: Military		Prior Use: Military					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: NCBC							
Address: 3502 8th Street							
City: Gulfport		State: MS		Zip: 39501		228-871-4285	
Contact: Madeleine Morton				Tel: 228-594-2323			
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.							
Address: PO Box 15925							
City: Hattiesburg		State: MS		Zip: 39404			
Contact: William H. Stamps				Tel: 601-264-5550			
OTHER OPERATOR: McKenzie Construction							
Address: 28 Florida Ave NE							
City: Washington		State: DC		Zip: 20002			
Contact: Oliver Fernandez 347-266-8265							
V. IS ASBESTOS PRESENT? (Yes/No) Yes - VAT&M (5,600 SF) / Sheet Vinyl (150 SF), Window Caulk Transite (200 SF) Light insulations (50), Vib Dampners							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):							
Owner provided - VAT&M							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
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						Ln Ft:	Ln M:
Surface Area			400 SF			Sq Ft: X	Sq M:
Vol RACM Off Facility Component						Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/12/18						Complete: 3/31/2018	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/12/18						Complete: 6/30/2018	

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 Dept. of Environmental Quality

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

Removal of ACM. Floor tile and mastic for renovation.

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

Containment will be established with poly critical barriers with negative air. All ACM will Wetted and removed. Waste will be placed in clear, labeled, poly bags and placed in properly lined container for disposal.

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services, Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

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: MS

Zip: 39563

Tel: 601-545-6676

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

2/26/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

2/26/18

(Date)