

# 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) <span style="float: right;">0</span>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">R</span>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>FIRST WING # 2816</b>					
Address <b>Bldg 2816</b>					
City: <b>KAFB, BILOXI</b>	State: <b>MS</b>	Zip: <b>39534</b>			
Site Location: <b>KAFB</b>	Tel: <b>377-5803</b>				
Building Size <b>25,000</b>	# of Floors: <b>2</b>	Age in Years: <b>50+</b>			
Present Use: <b>OFFICES</b>	Prior Use: <b>OFFICES</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>81 CES/CEV</b>					
Address: <b>508 L STREET</b>					
City: <b>KAFB, BILOXI</b>	State: <b>MS</b>	Zip: <b>39534</b>			
Contact: <b>BRENT EANES</b>	Tel: <b>228-377-5803</b>				
REMOVAL CONTRACTOR <b>K&amp;K ASBESTOS REMOVAL</b>					
Address: <b>9617 JEAN STREET</b>					
City: <b>OCEAN SPRINGS</b>	State: <b>MS</b>	Zip: <b>39565</b>			
Contact: <b>Mike Keleher</b>	Tel: <b>228-392-6523</b>				
OTHER OPERATOR: <b>D.N.P</b>					
Address: <b>P.O. BOX 6399</b>					
City: <b>BILOXI</b>	State: <b>MS</b>	Zip: <b>39532</b>			
Contact: <b>MIKE COX</b>					
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		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area	<b>ceiling Pl.</b>			SqFt: <b>500</b>	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3-23-18</b> Complete: <b>04-09-18</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>04-09-18</b> Complete: <b>07-09-18</b>					

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:

WET METHOD WILL BE USED

XII. WASTE TRANSPORTER #1

Name: K&L ASBESTOS

Address: 9617 JEAN STREET

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 DISPOSAL

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

M. Keleher

MARCH 01, 2018

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

MIKE KELEHER

M. Keleher

MARCH 01, 2018

Type or Print Name

(Signature of Owner/Operator)

(Date)