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) ORIGINAL

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) RENOVATION

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: VAMC BILOXI, BUILDING 3

Address 400 VETERANS AVE. BLDG 3

City: BILOXI	State: MS	Zip: 39531
Site Location: BUILDING 3		Tel: 228-523-5000
Building Size 40,533 SF	# of Floors: 3	Age in Years: 30+
Present Use: MEDICAL FACILITY	Prior Use: MEDICAL FACILITY	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

Address: 400 VETERANS AVE.

City: BILOXI	State: MS	Zip: 39531
Contact: WILLIAM ROBERTS		Tel: 228-523-5815

REMOVAL CONTRACTOR ESA SOUTH, INC.

Address: 1681 SUCCESS DRIVE

City: CANTONMENT	State: FL	Zip: 32533
Contact: JEFFREY GIBSON		Tel: 850-937-8520

OTHER OPERATOR:

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):

PLM, CHARLES BINGHAM (MICRO METHODS LAB) , 6/16/2017

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 VAT & LAB CNTERTPS		X		SqFt: 9,286	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/02/18 Complete: 06/30/18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/01/18 Complete: 04/01/19

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

ABATEMENT, SELECTIVE INTERIOR DEMOLITION, AND RENOVATION OF LAB SPACES

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: ABATEMENT TO TAKE PLACE INSIDE A FULL CONTAINMENT W/3 STAGE DECON

SUFFICIENT NEG AIRS TO ACHIEVE -.02" WC, MATERIAL WORKED WET, 3 STAGE DECON,PCM AIR MONITORING

XII. WASTE TRANSPORTER #1

Name: WASTE MANAGEMENT		
Address: 382 GALLERIA PKWY, SUITE 107		
City: MADISON	State: MS	Zip: 39110
Contact Person: JACQUELINE CIFAX		Tel: 800-284-2451

WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: PECAN GROVE LANDFILL		
Address: 9685 FIRETOWER RD.		
City: PASS CHRISTIAN	State: MS	Zip: 39571
Tel: 228-255-5553		

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, NOTIFY FACILITY OWNER, AND MDEQ

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.

JEFFREY A. GIBSON — Type or Print Name

(Signature of Owner/Operator)

3/12/2018 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

JEFFREY A. GIBSON — Type or Print Name

(Signature of Owner/Operator)

3/12/2018 — (Date)