

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 3/29/18 fax	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R				
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 2,000 SF	# of Floors: 1	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: 39501228-871-4285		
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				
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:	RACM To Be Removed	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		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: 4/2/18				Complete: 4/6/2018
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/2/18				Complete: 6/30/2018

## 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 be 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 CRUMBLED, 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)

3/29/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

3/29/18

(Date)



Specialty Abatement Services, Inc.

**Fax Cover:** This is a confidential message, intended solely for the person to whom it is addressed. If you receive this message in error, please forward it to the correct person, or mail it back to us. Thank you.

To Carolyn  
Fax No. 601-961-5742 / 601-961-5725  
From Tony Bryant  
Date/Time 3/29/2018  
Subject Notification Revision  
Pages 3, including this one

The following notices have been revised as summarized below:

NCBC Building 398 - Date Change

Building Size Change

Corrected typos in Sec V

Please call me if you have any questions.

Thanks,

Tony Bryant  
601-264-5550



270 Rawls Springs Loop Rd.  
P. O. Box 15925  
Hattiesburg, MS 39404-5925  
601-264-5550  
601-264-5344 Fax  
TBryant@SpecialtyAbatement.com