

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) r				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) 1c203				
Bldg. Name: kmc				
Address: 301 fisher street				
City: biloxi	State: ms	Zip:		
Site Location: kafb		Tel:		
Building Size 599.999	# of Floors: 7	Age in Years: 50+		
Present Use: vacant	Prior Use: office			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: united states government				
Address: 508 l street				
City: kafb	State: ms	Zip:		
Contact: John Davenport	Tel: 376-0877			
REMOVAL CONTRACTOR k&k asbestos				
Address: 9617 jean street				
City: ocean springs	State: ms	Zip: 39565		
Contact:	Tel:			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
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	
Pipes				Ln Ft: Ln M:
Surface Area		300 sf		Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: july 5, 2018				Complete: 7-9-18
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:

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

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

keep material wet

XII. WASTE TRANSPORTER #1

Name: k&k asbestos

Address: 9617 jean street

City: ocean springs

State: ms

Zip: 39565

Contact Person: mike keleher

Tel: 392-6523

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: macland disposal center

Address: 11300 highway 63

City: moss point

State: ms

Zip: 39562

Tel:

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:

keep material wet

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

(Signature of Owner/Operator)

06/19/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

mike keleher

Type or Print Name

(Signature of Owner/Operator)

06/19/18

(Date)

RECEIVED
JUN 25 2018
Dept. of Environmental Quality