30829

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)

RECEIVED OCT - 5 2018 Dept. of Environmental Quality

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) Fuel Station

Bldg. Name: Fuel Station

Address KAFB

City:	State: MS	Zip:
Site Location: Building 4110 KAFB		Tel:
Building Size 25,000	# of Floors:	Age in Years: 50 +
Present Use: Vacant	Prior Use: Fuel Station	

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

OWNER NAME: U S. Government

Address: 508 L Street

City: KAFB	State: MS	Zip:
Contact: Brent Eanes		Tel: 377-5803

REMOVAL CONTRACTOR K&K

Address: 9017 Jean St.

City: Ocean Springs	State: MS	Zip: 39565
Contact: Mike Keleher		Tel: 392-6523

OTHER OPERATOR: J. O. Collins

Address: 206 Iberville Dr

City: Biloxi	State: MS	Zip: 39531
Contact: Danny Collins		

V. IS ASBESTOS PRESENT? (Yes/No) Yes, assumed

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	247 sq ft			SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-16-18 Complete: 10-23-18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

Copy Sent 10-1-18

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 wet

XII. WASTE TRANSPORTER #1

Name: K & K

Address: 9417 Jean St.

City: Ocean Springs | State: MS | Zip: 39565

Contact Person: Mike Keleher | Tel: 392-0523

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Macland

Address: 11300 MS 63

City: Moss Point | State: MS | Zip: 39562

Tel: 475-9750

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:

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.

Michael Keleher (Type or Print Name) Michael Keleher (Signature of Owner/Operator) 10-1-18 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Michael Keleher (Type or Print Name) Michael Keleher (Signature of Owner/Operator) 10-1-18 (Date)