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) R-1

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

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) P855 Expeditionary Combat Skills Berthing

Bldg. Name: Buildings 317A, 317B and 317C - entire structural demolition of these 3 buildings

Address 5002 Marvin Shields Blvd

City: Gulfport	State: MS	Zip: 39501
Site Location: NCBC Gulfport		Tel: 228-547-5040
Building Size A/26511sf,B/5264sf,C/26511sf	# of Floors: A/3,B/2,C/3	Age in Years: approx 25years old
Present Use: Military Student Berthing	Prior Use: Military Student Berthing	

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

OWNER NAME: NAVFAC S.E.

Address: Bldg 903, P.O. Box 30, NAS Jacksonville

City: Jacksonville	State: FL	Zip: 32212
Contact:		Tel:

REMOVAL CONTRACTOR Trinity Industrial Services LLC

Address: P.O. Box 888949

City: Atlanta	State: GA	Zip: 30356
Contact: Tom Frost		Tel: 404-668-5402

OTHER OPERATOR: n/a

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):

Sample testing by JJSosa&Assoc/S.Cole, 3/27/2006, Lic# ZA-0000106

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 Floor Tile & Mastic	X			SqFt: 3810	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/27/2020 Complete: 08/31/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/11/2020 Complete: 09/15/2020

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

Selective interior demo to remove LEEDs recycling, excavator/machine demo of complete bldgs

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

Full supervision and walk-throughs by experienced and licensed asbestos specialists throughout the project will confirm

XII. WASTE TRANSPORTER #1 Trash (Construction & Demolition) and Asbestos

Name: Mark Dunning, Inc (MDI)		
Address: 14596 Big John Rd		
City: Biloxi	State: MS	Zip: 39532
Contact Person: Patrick Downs		Tel: 800-848-8493

WASTE TRANSPORTER #2 Concrete (Concrete Material Units)

Name: F&F, Inc		
Address: 21525 Blackwell Farm Rd		
City: Saucier	State: MS	Zip: 39574
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: Pecan Grove Landfill		
Address: 9685 Fire Tower Rd		
City: Pass Christian	State: MS	Zip: 39571
Tel: 866-909-4458		

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 immediately and notify General Contractor

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.

Tom Frost — Type or Print Name
(Signature of Owner/Operator)
04/08/2020 4/8/20 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Wayne Jones — Type or Print Name
(Signature of Owner/Operator)
04/08/2020 4-8-20 — (Date)