

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark: 7.6.2022	Date Received (MDEQ use only): 7.7.2022	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input checked="" type="radio"/>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Stennis Space Center - Building 3146 - Restroom, Lift Station & Septic				
Address: 1100 Balch Blvd				
City: Stennis Space Center	State: MS	Zip: 39529		
Site Location: Throughout			Tel:	
Building Size: 218	# of Floors: 1	Age in Years:		
Present Use: Vacant	Prior Use: Restroom, Lift Station & Septic			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: NASA				
Address: 11000 Balch Blvd				
City: Stennis Space Center	State: MS	Zip: 39529		
Contact: Jim Torcivia	Tel: 205-907-7810			
REMOVAL CONTRACTOR: Lakeshore Environmental Contractors				
Address: 5513 Eastcliff Industrial Loop				
City: Birmingham	State: AL	Zip: 35210		
Contact: Aaron Murphree	Tel: 205-288-7049			
OTHER OPERATOR: Bhate Environmental Associates				
Address: 1608 13th Ave South				
City: Birmingham	State: AL	Zip: 35205		
Contact: Jim Torcivia - 205-907-7810				
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):				
<b>PLM</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft:      Ln M:
Surface Area: Roof Tar		218		Sq Ft:      Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/14/2022				Complete: 2/25/2022
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/25/2022				Complete: 6/24/2022

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

Regulated Area, Decon, Negative Air, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vacuum

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

Regulated Area, Decon, 6 mil poly, disposal coveralls, respirators, HEPA Vacuum, Amended Water Applied during removal

XII. WASTE TRANSPORTER #1

Name: Waste Management

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Central Landfill

Address: 8800 US-11

City: Poplarville

State: MS

Zip: 39470

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop Work, Contain Area, Notify Mississippi DEQ & Revise Notification

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.

Aaron Murphree

*Aaron Murphree*

01/06/2022

(Date)

Type or Print Name

(Signature of Owner/Operator)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Murphree

*Aaron Murphree*

01/06/2022

(Date)

Type or Print Name

(Signature of Owner/Operator)

RECEIVED

JAN 06 REC'D

Dept. of Environmental Quality