

# 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) <b>ORIGINAL</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Gulfport Army Reserve Center</b>				
Address <b>2724 33rd Avenue</b>				
City: <b>Gulfport</b>	State: <b>MS</b>	Zip:		
Site Location: <b>VMS Bldg; Org Storage Bldg and Flam Stor Bldg</b>		Tel:		
Building Size <b>5,621/1,008/176 SF</b>	# of Floors: <b>1</b>	Age in Years:		
Present Use: <b>Vac</b>	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>U.S. Army Engineering and Support Center</b>				
Address:				
City: <b>Huntsville</b>	State:	Zip:		
Contact: <b>Terry Shirley</b>		Tel:		
REMOVAL CONTRACTOR <b>E Luke Greene Inc</b>				
Address: <b>10909 McBride Line</b>				
City: <b>Knoxville</b>	State: <b>TN</b>	Zip: <b>37932</b>		
Contact: <b>Victor Sanchez</b>		Tel: <b>865-675-4161</b>		
OTHER OPERATOR: <b>ARS Aleut Remediation, LLC</b>				
Address: <b>5757 Corporate Blvd., Suite 450</b>				
City: <b>Baton Rouge</b>	State: <b>Louisiana</b>	Zip: <b>70808</b>		
Contact: <b>Joseph Hampel</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>See Attached Inspection Report</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>	<b>RACM To Be Removed</b>	<b>Nonfriable Asbestos Material Not To Be Removed</b>		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft:      Ln M:
Surface Area <b>Joint Compound, Glazing</b>	<b>96/675/500</b>			Sq Ft: <b>SF/LF/LF</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>02/23/2021</b>			Complete: <b>02/27/2021</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

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

Wet Methods, Neg air, Hepa Vacuum, Proper cleaning, mini-containment, waste bagging, Remove intact

XII. WASTE TRANSPORTER #1

Name: Waste Management

Address: 14339 Hudson Krohn Rd

City: Biloxi

State: MS

Zip: 39532

Contact Person: Tim Callahan

Tel: 228-697-6159

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pecan Grove Landfill

Address: 9685 Firetower road

City: Pass Christian

State: MS

Zip: 39571

Tel: 228-255-5553

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:

**PROTECT PERSONNEL, ISOLATE AREA, WET DOWN, AMEND 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.

Victor Sanchez

Type or Print Name

(Signature of Owner/Operator)

2/5/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Victor Sanchez

Type or Print Name

(Signature of Owner/Operator)

2/5/2021

(Date)