

# 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) <i>7.13.2021 Emailed</i>	Notification # (MDEQ use only) <i>#12017</i>		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>REVISED</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>RENOVATION</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>VAMC BILOXI, BUILDING 3</b>					
Address: <b>400 VETERANS AVE. BLDG 3</b>					
City: <b>BILOXI</b>	State: <b>MS</b>	Zip: <b>39531</b>			
Site Location: <b>BUILDING 3</b>		Tel: <b>228-523-5000</b>			
Building Size: <b>40,533 SF</b>	# of Floors: <b>3</b>	Age in Years: <b>30+</b>			
Present Use: <b>MEDICAL FACILITY</b>	Prior Use: <b>MEDICAL FACILITY</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>UNITED STATES DEPARTMENT OF VETERANS AFFAIRS</b>					
Address: <b>400 VETERANS AVE.</b>					
City: <b>BILOXI</b>	State: <b>MS</b>	Zip: <b>39531</b>			
Contact: <b>WILLIAM ROBERTS</b>		Tel: <b>228-523-5815</b>			
REMOVAL CONTRACTOR: <b>ESA SOUTH, INC.</b>					
Address: <b>1681 SUCCESS DRIVE</b>					
City: <b>CANTONMENT</b>	State: <b>FL</b>	Zip: <b>32533</b>			
Contact: <b>JEFFREY GIBSON</b>		Tel: <b>850-937-8520</b>			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
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>PLM, CHARLES BINGHAM (MICRO METHODS LAB) , 6/16/2017</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<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	Category I	Category II	UNIT
Pipes					Ln Ft:      Ln M:
Surface Area <b>VAT &amp; LAB CNTERTPS</b>			<b>X</b>		Sq Ft: <b>2,075</b> Sq M:
Vol RACM Off Facility Component					Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>07/15/21</b>				Complete: <b>08/31/21</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>07/26/21</b>				Complete: <b>11/30/21</b>	

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

**ABATEMENT, SELECTIVE INTERIOR DEMOLITION, AND RENOVATION OF LAB SPACES**

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: **ABATEMENT TO TAKE PLACE INSIDE A FULL CONTAINMENT W/3 STAGE DECON SUFFICIENT NEG AIRS TO ACHIEVE -.02" WC, MATERIAL WORKED WET, 3 STAGE DECON, PCM AIR MONITORING**

XII. WASTE TRANSPORTER #1

Name: **WASTE MANAGEMENT**

Address: **382 GALLERIA PKWY, SUITE 107**

City: **MADISON**

State: **MS**

Zip: **39110**

Contact Person: **JACQUELINE CIFAX**

Tel: **800-284-2451**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **PECAN GROVE LANDFILL**

Address: **9685 FIRETOWER RD.**

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:

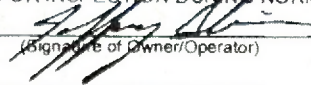
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

**STOP WORK, NOTIFY FACILITY OWNER, AND MDEQ**

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.

JEFFREY A. GIBSON

Type or Print Name

  
(Signature of Owner/Operator)

7/13/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

JEFFREY A. GIBSON

Type or Print Name

  
(Signature of Owner/Operator)

7/13/2021

(Date)