

"Rev"

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) 4.4.2022 EM	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R					
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)					
Bldg. Name: Keesler AFB - Larcher Chapel					
Address 311 Larcher Blvd					
City: Biloxi	State: MS	Zip: 39534			
Site Location:		Tel: 228-377-1262			
Building Size 12,000 SF	# of Floors: 1	Age in Years: 50			
Present Use: Chapel	Prior Use: Chapel				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Department of Air Force					
Address: 508 L Street, 81st CES/CEV, ,					
City: KAFB	State: MS	Zip: 39534			
Contact: Environmental	Tel: 228-377-1262				
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.					
Address: PO Box 15925					
City: Hattiesburg	State: MS	Zip: 39404			
Contact: William H. Stamps	Tel: 601-264-5550				
OTHER OPERATOR: Apple Construction					
Address: 2591 23rd Avenue					
City: Gulfport	State: MS	Zip: 39501			
Contact: John Boothby (228) 897-1995					
V. IS ASBESTOS PRESENT? (Yes/No) Yes - VAT&M & Duct Mastic					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
PLM @ MicroMethods - Mike Carman 12/15/21 & 3/7/22 - Provided by KAFB / Vectrus					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes					Ln Ft: Ln M:
Surface Area	4,000 SF				Sq Ft: X Sq M:
Vol RACM Off Facility Component					Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/11/22				Complete: 4/30/22	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/11/22				Complete: 6/30/22	

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

Removal of ACM Flooring and duct insulation mastic per renovation scope

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

Containment will be established with poly critical barriers with negative air. All ACM will be wetted and removed. Waste will be placed in clear, labeled, poly bags and placed in properly lined container for disposal.

XII. WASTE TRANSPORTER #1

Name: Waste Mgt

Address: 1220 Peters Rd

City: Harvey

State: LA

Zip: 70058

Contact Person: Jacqueline Cifax

Tel: 504-364-8125

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pecan Grove

Address: 9685 Firetower 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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

4/4/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

4/4/2022

(Date)