

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 12/17/2024	AI Number 53459
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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Building 767				
Address: Building 767 Camp Shelby				
City: Camp Shelby		State: MS	Zip: 39407	
Site Location: Throughout Building			Tel: 601-238-3735	
Building Size: 1,000 SF		# of Floors: 1	Age in Years: 75	
Present Use: Vacant		Prior Use: office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Camp Shelby Joint Forces Training Center				
Address: DPW - SV 6678				
City: Camp Shelby		State: MS	Zip: 39407	
Contact: Nancy Pitts			Tel: 601-558-2664	
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.				
Address: PO Box 15925				
City: Hattiesburg		State: MS	Zip: 39404	
Contact: William Stamps			Tel: 601-264-5550	
Certification Number: ABC-00001660			Expiration Date: 2/23/2025	
OTHER OPERATOR: Apple Construction Company				
Address: PO Box 7503				
City: Gulfport		State: MS	Zip: 39506	
Contact: John Boothby			Tel: 228-897-1995	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 10/1/2024	
Inspector: Anthony Bryant		Certification Number: ABI-00001683	Expiration Date: 5/8/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Transite siding, Ceiling tile, & window caulk				
Bulk samples were collected and read by PLM at Environmental Hazards Services, Inc.				
VII. QUANTITY OF RACM TO BE REMOVED: Window putty & Transite Gables				
Pipes (LN FT):		Surface Area (SQ FT): 145 SF	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/19/2024			Complete: 11/30/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/18/2024			Complete: 3/18/2025	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Windows and Siding will be removed using wet , manual methods prior to demolition by others.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
ACM will be removed using wet , manual methods.
Waste will be placed in a properly lined container for disposal.

XIII. WASTE TRANSPORTER #1
Name: Specialty Abatement Services, Inc.
Address: PO Box 15925
City: Hattiesburg State: MS Zip: 39404
Contact Person: William H. Stamps Tel: 601-264-5550

WASTE TRANSPORTER #2
Name: Apple Construction Company
Address: PO Box 7503
City: Gulfport State: MS Zip: 39506
Contact Person: John Boothby Tel: 228-897-1995

XIV. WASTE DISPOSAL SITE
Name: 98 Waste LLC
Address: 979 Highway 98 East
City: Hattiesburg State: MS Zip: 39401
Contact Person: Tel: 601-543-3057

XV. 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):

XVI. 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:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:
All work will stop. MDEQ will be notified.

XVIII. 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] (Signature of Owner/Operator) 11/6/24 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Anthony Bryant (Type or Print Name) [Signature] (Signature of Owner/Operator) 11/6/24 (Date)

John Boothby [Signature] 11/17/24