

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 9/17/2024	AI Number 53459
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/> O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) NEW CONSTRUCTION				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Camp Shelby Building 3550				
Address: Building 3550 off of 36th Street (No 911 Address)				
City: Camp Shelby		State: MS	Zip: 39401	County: Forrest
Site Location:			Tel: 6012708179	
Building Size: NEW		# of Floors: 1	Age in Years: NEW	
Present Use: CONSTRUCTION		Prior Use: N/A		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Camp Shelby National Guard Training Facility				
Address: NORTH GATE Lee avenue				
City: Hattiesburg		State: MS	Zip: 39401	
Contact:			Tel: 6012708179	
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc				
Address: 761 Weathersby Rd				
City: Hattiesburg		State: MS	Zip: 39402	
Contact: Charles W Anderson Jr			Tel: 6012708179	
Certification Number: ABC-00003976			Expiration Date: 12/9/2024	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Transite Water pipe discovered while digging Foundation for new Building ASSUMED				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): approx 50 l/f		Surface Area (SQ FT):	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: 10-2-2024			Complete: 11-2-2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

See VI

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

Wrap pipe with poly sheeting to haul to landfill

XIII. WASTE TRANSPORTER #1

Name: Abatement Contractors of Mississippi, Inc.

Address: 761 Weathersby Rd

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Charles W Anderson Jr

Tel: 6012708179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Solid Waste

Address: 5274 MS-29

City: Ovett

State: MS

Zip: 39464

Contact Person:

Tel: 6015452121

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop Work notify owner and DEQ

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.

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

9/17/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

9/17/2024

(Date)