MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: ☑Email □Mail □Hand Delivery	Pöstmark (mail only)		Date Received 11-07-2024		Al Number	
I. Type of Notification (O=Original R=Revised	C=Canceled A=	: Annual): O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D ACM Removal Only						
III. FACILITY DESCRIPTION (Include building						
Bldg. Name: Building 3081						
Address: Building 3081 Camp Shelby						
City: Camp Shelby		State: MS		zip: 39407		
Site Location: Roof of building		T		Tel: 601-238-3735		
Building Size: 500 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		5			
OTHER OPERATOR: Owner / Demo Contractor to be determined						
Address:						
City:		State:		Zip:		
Contact:				Tel:		
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:						
Roofing Materials and window and door caulk						
Bulk samples were collected and read by PLM at Environmental Hazards Services, Inc.						
VII. QUANTITY OF RACM TO BE REMOVED: Roofing Patch - Flat Roof						
Pipes (LN FT): Surface Area (SQ FT):					omponents (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: 11/19/2024 Complete: 12/30/2024						

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Roof patch will be removed using wet, manual methods prior to demolition by others.						
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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	z _{ip:} 39404				
Contact Person: William H. Stamps	_{Tel:} 601-264-5550					
WASTE TRANSPORTER #2						
Name:						
Address:						
City:	State:	Zip:				
Contact Person:	act Person:					
XIV. WASTE DISPOSAL SITE						
Name: Pine Belt Regional Landfill						
Address: Hwy 29 N.						
_{City:} Runnelstown	State: MS	_{Zip:} 39465				
Contact Person: James A. "Tony" Harrison, MBA		Tel: 601-545-6676				
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:						
Name:	ame: Title:					
Authority:						
Date of Order (MM/DD/YY):	Date Ordere	ed 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 ASTESTOS MATERIAL BECOMES CRUMBLED, 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 of Owner/Operato	r) (Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Anthony Bryant 116 24						
Type or Print Name	(Signature of Owner/Operato	(Date)				