

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)	Notification # (MDEQ use only)	
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				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) VMS Bldg, Org Stg Bldg, Flam Stor Bldg				
Bldg. Name: VMS Bldg, Org Stg Bldg, Flam Stor Bldg				
Address 2427 33rd Ave				
City: Gulfport	State: MS	Zip: 39501		
Site Location: USARC Gulfport			Tel:	
Building Size 5621, 1008, 176 s.f.	# of Floors: 1	Age in Years:		
Present Use: None, vacant	Prior Use: Storage and vehicle maintenance			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: United States Government				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
REMOVAL CONTRACTOR E. Luke Greene (asbestos abatement)				
Address: 10909 McBride Lane				
City: Knoxville	State: TN	Zip: 37932		
Contact: Victor Sanchez	Tel: 865-675-4161			
OTHER OPERATOR: ARS Aleut Remediation, LLC (demolition)				
Address: 5757 Corporate Blvd, Suite 450				
City: Baton Rouge	State: LA	Zip: 70808		
Contact: Joseph Hampel				
V. IS ASBESTOS PRESENT? (Yes/No) Yes				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
See attached inspection report				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area Joint compound, glazing	96/675/500			Sq Ft: SF/LF/LF Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/23/2021				Complete: 2/27/2021
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/23/2021				Complete: 3/31/2021

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

Abatement of ACM, demolition of facilities using excavators with various attachments

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

Wet methods for abatement, negative air, HEPA vacuum, proper cleaning, mini-containment, waste bagging, remove intact

XII. WASTE TRANSPORTER #1

Name: **Waste Management**

Address: **14339 Hudson Krohn Rd**

City: **Biloxi**

State: **MS**

Zip: **39532**

Contact Person: **Tim Callahan**

Tel: **228-697-6159**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Pecan Grove Landfill**

Address: **9685 Firetower Road**

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Protect personnel, isolate area, wet down, amend notification

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.

Joseph Hampel

Type or Print Name

(Signature of Owner/Operator)

2-8-2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Hampel

Type or Print Name

(Signature of Owner/Operator)

2-8-2021

(Date)