

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 10-04-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>Revised</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>Renovation</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <u>Building 2804, 2nd Wing Command</u>				
Bldg. Name: <u>Building 2804 Keester AFB</u>				
Address: <u>Building 2804 2nd Wing Command</u>				
City: <u>Keester AFB</u>	State: <u>MS</u>	Zip: <u>39503</u>		
Site Location: <u>Building 2804 1st Floor Office</u>			Tel:	
Building Size: <u>18000 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>36 years</u>		
Present Use: <u>Office Space</u>	Prior Use: <u>Office Space</u>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>United States Air Force</u>				
Address: <u>1690 Air Force Pentagon, 1</u>				
City: <u>Washington</u>	State: <u>DC</u>	Zip: <u>20330-1670</u>		
Contact: <u>Charles Baldwin</u>	Tel: <u>(202)-697-6061</u>			
ASBESTOS REMOVAL CONTRACTOR: <u>Tri-State Abatement Inc.</u>				
Address: <u>10629 TXR Rd</u>				
City: <u>Vance</u>	State: <u>AL</u>	Zip: <u>35490</u>		
Contact: <u>Sean J Johnson</u>	Tel: <u>(205) 331-5506</u>			
Certification Number: <u>ABC-00007441</u>	Expiration Date: <u>7/12/2024</u>			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>		Inspection Date: <u>6/13/2023</u>		
Inspector: <u>David Bingham</u>	Certification Number: <u>ABE13468</u>	1348	Expiration Date: <u>2/12/24</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>PLM-Floor tile & mastic</u>				
VII. QUANTITY OF RACM TO BE REMOVED: <u>8005F</u> <u>7 Floor tile & Mastic</u>				
Pipes (LN FT):	Surface Area (SQ FT): <u>8005F</u>	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: <u>10/16/23</u> Complete: <u>10/19/23</u>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

02-09-2024

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

Asbestos Removal

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

Negative pressure, with wet method. ALL materials Double bagged & disposed properly (AEBM)

XIII. WASTE TRANSPORTER #1

Name: Blue Sky Environmental Inc.
 Address: 5100 Flat Top Rd
 City: Adamsville State: AL Zip: 35005
 Contact Person: Tel: (205) 743-0800

WASTE TRANSPORTER #2

Name:
 Address:
 City: State: Zip:
 Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Big Sky Environmental Inc.
 Address: 5100 Flat Top Rd
 City: Adamsville State: AL Zip: 35005
 Contact Person: Tel: (205) 743-0800

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, secure And Notify ADEM

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.

Sean J Johnson Type or Print Name
 Sean J Johnson (Signature of Owner/Operator)
 10/4/23 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Robin McElroy Type or Print Name
 Robin McElroy (Signature of Owner/Operator)
 10/4/23 (Date)