

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>	<b>Date Received</b> 10/1/2024	<b>AI Number</b> 53459
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input checked="" type="radio"/>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: Building 690				
Address: Building 690 Camp Shelby				
City: Camp Shelby		State: MS	Zip: 39407	
Site Location: Throughout Building			Tel: 601-238-3735	
Building Size: 1,600 SF		# of Floors: 1	Age in Years: 75	
Present Use: Vacant		Prior Use: Class Rooms / Headquarters		
<b>IV. FACILITY INFORMATION</b> (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: Owner				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 5/2/2024	
Inspector: Anthony Bryant		Certification Number: ABI-00001683	Expiration Date: 5/17/2024 5/08/2025	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
Flooring, Mastics, Cove base, Ceiling tile, window caulk, felt , Roofing Bulk samples were collected and read by PLM at Environmental Hazards Services, Inc.				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> Flooring Mastic				
Pipes (LN FT):		Surface Area (SQ FT): 1,600	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 10/15/2024			Complete: 10/31/2024	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 10/15/2024			Complete: 12/30/2024	

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

Floor Tile with ACM mastic will be removed using wet , manual methods prior to renovations by others.

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

Abatement Areas will be fully contained and placed under negative pressure. 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:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**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:

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:**

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/Operator)

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

(Date)