

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) Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demolition				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Residential Housing				
Address 52 3rd Street				
City: Perkinston	State: MS	Zip: 39573		
Site Location: Mississippi Gulf Coast Community College			Tel:	
Building Size 15,000 sq ft	# of Floors: 1	Age in Years: 40+		
Present Use: Residential House	Prior Use: Vacant			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Mississippi Gulf Coast Community College				
Address: 51 Main Street				
City: Perkinston	State: MS	Zip: 39573		
Contact: Heath Warren	Tel: (601)716-7603			
REMOVAL CONTRACTOR Global Contracting, LLC				
Address: 226 Harry Sones Road				
City: Carriere	State: MS	Zip: 39426		
Contact: Eddie Blossman	Tel: (601)795-3401			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
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):				
Owner assumes transite siding is asbestos containing.				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<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	Category I	Category II
Pipes				Ln Ft: Ln M:
Surface Area Transite Siding				Sq Ft: 1,000 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M: 2
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/30/2021				Complete: 7/30/2021
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06/30/2021				Complete: 7/30/2021

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

Removal of approximately 1,000 sq ft of Transite Siding.

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

PPE, Wet-removal methods, .

XII. WASTE TRANSPORTER #1

Name: Global Contracting, LLC

Address: 226 Harry Sones Road

City: Carriere

State: MS

Zip: 39426

Contact Person: Eddie Blossman

Tel: (601)795-3401

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management-Central Landfill

Address: 8800 Hwy. 11 North

City: McNeill

State: MS

Zip: 39457

Tel: (601)795-2500

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:

Stop work immediately, contact regulatory authorities wait for approval to resume work.

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.

Eddie Blossman

(Signature of Owner/Operator)

6/16/21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

(Signature of Owner/Operator)

6/16/21

(Date)