

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: Insurance Barn							
Address 424 Pass Road							
City: Gulfport	State: MS	Zip: 39507					
Site Location: 424 Pass Road, Gulfport, MS 39507			Tel: (228)467-9005				
Building Size 7500 sq ft	# of Floors: 1	Age in Years: 40+					
Present Use: Vacant	Prior Use: Insurance Agency						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Joe Henderson							
Address: 105 U.S. Hwy. 90							
City: Waveland	State: MS	Zip: 39576					
Contact: Joe Henderson			Tel: (228)467-9005				
REMOVAL CONTRACTOR Global Contracting, LLC							
Address: 226 Harry Sones Road							
City: Carriere	State: MS	Zip: 39426					
Contact: Eddie Blossman			Tel: (228)617-6247				
OTHER OPERATOR: JLB							
Address: 21294 Johnson Road							
City: Long Beach	State: MS	Zip: 39560					
Contact: Brandon Willis (228)284-6277							
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):							
Inspector: Anthony Damiano, MSID# ABI-00001031, Date pf Inspection: May 19, 2020							
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 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Category I</td> <td style="width: 50%; text-align: center;">Category II</td> </tr> </table>		Category I	Category II	UNIT	
				Category I	Category II		
Pipes				Ln Ft:	Ln M:		
Surface Area Floor tile and mastic				Sq Ft: 6,500	Sq M:		
Vol RACM Off Facility Component				Cu Ft:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/08/21				Complete: 11/08/21			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09/08/21				Complete: 11/08/21			

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

Demolition of Building

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

Negative Pressure Containment, Wet removal methods, Air-Monitoring

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 Highway 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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work immediately, mist the area, notify the APS, make regulatory notifications, wait for approval

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

Type or Print Name

(Signature of Owner/Operator)

8/25/21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name

(Signature of Owner/Operator)

8/25/21

(Date)