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)

RECEIVED OCT 25 2021

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) Renovation

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: TUP01

Address 1115 Glouster Street

City: Tupelo | State: MS | Zip: 38801

Site Location: Joe Harris Towery Army Reserve Center | Tel: (601)481-4874

Building Size approximately 14,370 sq ft | # of Floors: 2 | Age in Years: 40+

Present Use: Training Facility | Prior Use: Training Facility

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: 81st Readiness Division, Directorate of Public Works

Address: 81 Wildcat Way

City: Ft Jackson | State: SC | Zip: 29207

Contact: Darrell Reeder | Tel: (803)751-9947

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: A&H-Ambica JV, LLC

Address: 27489 Six Mile Road

City: Livonia | State: MS | Zip: 48152

Contact: Jignesh Patel

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: John Hubbard, Cert # ABI00003044, Date, Oct. 8-Oct.9, 2020

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 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				LnFt:	Ln M:
Surface Area	631			SqFt: 631	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/4/2021 Complete: 12/31/21

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/4/2021 Complete: 12/31/21

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

Removal of approx. 631 sq ft of vinyl floor tile/black mastic and 631 sq ft gypsum board ceilings.

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 and clearance testing.

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-Three Rivers Regional Landfill

Address: 1094 MS Highway 76

City: Ponotoc | State: MS | Zip: 38863

Tel: (662)488-0444 (Amanda Satterfield)

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 ASTESTOS MATERIAL BECOMES CRUMBLED, 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] — 10/22/21

Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDDIE BLOSSMAN / [signature] — 10/22/21

Type or Print Name (Signature of Owner/Operator) (Date)