MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark 11-10-2021	Date Received (MDEQ use only) 11-15-2021	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) Renovation

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

Bldg. Name: MER01

Address 5701 Old US Highway 80 W

City: Meridian	State: MS	Zip: 39302
Site Location: Harris Lockard Army Reserve Center		Tel: (601)481-4874
Building Size approximately 11,650 sq ft	# of Floors:	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. 7-Oct.8, 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	300			LnFt: 300	Ln M:
Surface Area	7586			SqFt: 7586	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/23/2021 Complete: 1/23/22

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/23/2021 Complete: 1/23/22

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

Removal of pipe insulation, gypsum board ceilings, floor tile and mastic

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, glove-bags, 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-Pine Ridge Landfill

Address: 520 Murphy Road

City: Meridian | State: MS | Zip: 39301

Tel: Bill Moffette (601)483-0715

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 — Type or Print Name | (Signature of Owner/Operator) | 11/10/21 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman — Type or Print Name | (Signature of Owner/Operator) | 11/10/21 (Date)