

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 9.9.2022	Date Received (MDEQ use only) 9.13.2022	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: Room 135, Building 1100				
Address Balch Avenue				
City: Stennis Space Center	State: MS	Zip: 39529		
Site Location: Room 135	Tel: (228)688-1327			
Building Size 150,000 sq ft	# of Floors: 3	Age in Years: 40+		
Present Use: Administration Building	Prior Use: Administration Building			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: NASA_John C. Stennis Space Center				
Address: Building 1100, Balch Avenue				
City: Stennis Space Center	State: MS	Zip: 39529		
Contact: Denise Johnson	Tel: (228)688-1327			
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 9"x9" floor tile and black mastic are asbestos containing.				
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 UNIT
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area floor tile/mastic				Sq Ft: 500 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M: 2
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/22/2022 Complete: 10/31/2022				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/22/2022 Complete: 10/31/2022				

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SEP 13 2022

Dept. of Environmental Quality

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

Removal of approximately 500sq ft of 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:

PPE, Wet-removal methods, containments, area and clearance 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: Stennis On-Site Landfill

Address: Building 2070, End of Endeavor

City: Stennis Space Center

State: MS

Zip: 39529

Tel: (228)688-2532

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 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)

9/9/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name

(Signature of Owner/Operator)

9/9/2022

(Date)