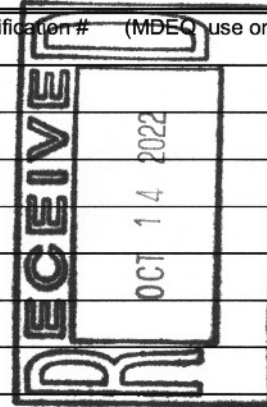


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 10/11/2022	Date Received (MDEQ use only) 10/14/2022	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) Demolition					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Marina Pavilions, Building 6713					
Address Marina Drive					
City: Keesler Air Force Base	State: MS	Zip:			
Site Location: Building 6713	Tel:				
Building Size 2500 sq ft	# of Floors: 1	Age in Years: 40+			
Present Use: Pavillion	Prior Use: Pavillon				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Keesler Air Force Base					
Address: 508 L Street					
City: Kessler Air Force Base	State: MS	Zip: 39534			
Contact: George Reed	Tel: (228)377-5823				
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: Apple Construction					
Address: 2591 23rd Avenue					
City: Gulfport	State: MS	Zip: 39501			
Contact: Keith Kennedy (228) 897-1995					
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 all suspect material is asbestos containing and will be removed.					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Category I</td> <td style="width: 50%;">Category II</td> </tr> </table>		Category I	Category II
Category I	Category II				
		Indicate Unit of Measurement Below			
		UNIT			
Pipes	20 In ft	LnFt: 20	Ln M:		
Surface Area VCT/Mastic/Joint Comp	400 sq ft	SqFt: 400	Sq M:		
Vol RACM Off Facility Component		CuFt:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/25/2022		Complete: 11/31/22			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/25/2022		Complete: 11/31/22			



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

Removal of floor tile and mastics, wall joint compound, joint pipe compound.

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-Bag wet removal methods and 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-Pecan Grove Landfill

Address: 9685 Firetower Road

City: Pass Christian

State: MS

Zip: 39571

Tel: (228)255-5553

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)

10/11/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman

Type or Print Name

(Signature of Owner/Operator)

10/11/2022

(Date)