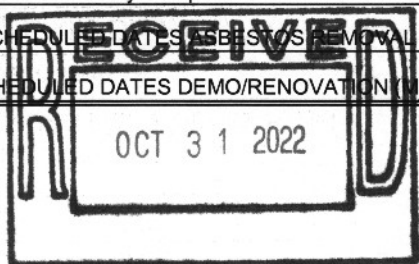


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 10-26-22	Date Received (MDEQ use only) 10-31-22	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: BLDG 12			
Address 4715 HEWES AVE			
City: GULFPORT	State: MS	Zip: 39507	
Site Location: 4715 HEWES AVE BLDG 12 GULFPORT, MS 39507		Tel: 228-214-6560	
Building Size 5277 SQ FT	# of Floors: 1	Age in Years: 68	
Present Use: OFFICE SPACE	Prior Use: CHAPEL		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Colonel Berry McCormick			
Address: 4715 Hewes Ave			
City: Gulfport	State: MS	Zip: 39507	
Contact: berry.mccormick@us.af.mil		Tel: 228-214-6001	
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: Captain Thomas Brewer			
Address: 4715 Hewes Ave			
City: Gulfport	State: MS	Zip: 39507	
Contact: thomas.brewer.9@us.af.mil			
V. IS ASBESTOS PRESENT? (Yes/No) YES (VCT)			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):			
Polarized Light Microscopy with Dispersion Staining (James Edwards 4/13/2007)			
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 Category I Category II	
		Indicate Unit of Measurement Below	
		UNIT	
Pipes		LnFt:	Ln M:
Surface Area 1800 sq ft VCT		SqFt: 1800	Sq M:
Vol RACM Off Facility Component		CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/03/22		Complete: 12/31/22	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/03/22		Complete: 12/31/22	



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

Removal of asbestos containing floor tile.

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 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.

James M. Spiers

Type or Print Name

(Signature of Owner/Operator)

10/20/22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

James M. Spiers

Type or Print Name

(Signature of Owner/Operator)

10/20/22

(Date)