



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 06/27/2024	AI Number 12017
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: Building 3, Gulf Coast Veterans Health Care System				
Address: 400 Veterans Blvd.				
City: Biloxi	State: MS	Zip: 39531	County: Harrison	
Site Location: 400 Veterans Blvd.		Tel: (228)669-0770		
Building Size: 155,000 sq ft	# of Floors: 4	Age in Years: 40+		
Present Use: Medical Facility		Prior Use: Medical Facility		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Gulf Coast Veterans Health Care System				
Address: 400 Veterans Blvd				
City: Biloxi	State: MS	Zip: 39531		
Contact: Brandon Oneal		Tel: (228)669-0770		
ASBESTOS REMOVAL CONTRACTOR: Global COntacting, LLC				
Address: 30 Zora Lane				
City: Poplarville	State: MS	Zip: 39470		
Contact: Eddie Blossman		Tel: (601)795-3401		
Certification Number: ABS-00001161 ABC-00001162		Expiration Date: 01/06/2205 01/06/2025		
OTHER OPERATOR: Paramount Construction				
Address: 230 Highpoint Drive				
City: Ridgeland	State: MS	Zip: 39157-6019		
Contact: Scott Wolf		Tel: (210)478-2833		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Owner assumes that the floor tile and black mastic is asbestos containing.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 6,145	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/12/2024			Complete: 11/30/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/12/2024			Complete: 11/30/2024	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Wet removal methods of asbestos containing floor tile and black mastics in various areas of the Hospital.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Negative pressure containments, wet removal methods, double bag waste, air monitoring, and final clearance testing .		
XIII. WASTE TRANSPORTER #1		
Name: GLobal Contracting, LLC		
Address: 30 Zora Lane		
City: Poplarville	State: MS	Zip: 39470
Contact Person: Eddie Blossman	Tel: (601)8795-3401	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Waste Management-Pecan Grove Landfill		
Address: 9685 Firetower Road		
City: Pass Christian	State: MS	Zip: 39571
Contact Person: Michael Eidt	Tel: (662)448-0773	
XV. 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):	
XVI. 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:		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
Stop work immediately, evacuate the area, make proper notification, wait for approval before resuming work.		
XVIII. 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		<u>06/27/24</u>
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Eddie Blossman		<u>06/27/24</u>
Type or Print Name	(Signature of Owner/Operator)	(Date)