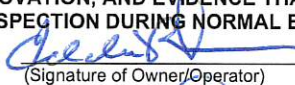



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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: 01/24/2024		AI Number		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Revised: (I, VI, XVIII, XIX)								
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: Residence								
Address: 205 Querens Avenue								
City: Biloxi			State: MS		Zip: 39530		County: Harrison	
Site Location: 205 Querens Avenue, Biloxi, MS 39530						Tel:		
Building Size: Approximately 1200 sq ft			# of Floors: 1		Age in Years: 40+			
Present Use: Residence			Prior Use: Vacant					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)								
OWNER NAME: City of Biloxi								
Address: P.O. Box 429								
City: Biloxi			State: MS		Zip: 39533			
Contact: Christy LeBatard			Tel: 228-435-6271					
ASBESTOS REMOVAL CONTRACTOR: Global Contracting, LLC								
Address: 226 Harry Sones Road								
City: Carriere			State: MS		Zip: 39426			
Contact: Eddie Blossman			Tel: (601) 795-3401					
Certification Number: ABC-00001162					Expiration Date: 01/06/2025			
OTHER OPERATOR: Moran Hauling								
Address: 10380 Three Rivers Rd								
City: Gulfport			State: MS		Zip: 39503			
Contact: Donald Moran			Tel: 228-206-1850					
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):								
WAS ASBESTOS PRESENT? (Yes/No): Yes					Inspection Date: 6/26/2023			
Inspector: Charles D. Bingham			Certification Number: ABI-00001348		Expiration Date: 2/12/2024 2/09/2024			
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:								
Sheet Vinyl Flooring & Adhesives								
Sheet Rock and Joint Compound								
Exterior Shingle Siding								
Roofing Materials Samples were analyzed by PLM with Dispersion staining according to EPA Method 600/R-93/16								
VII. QUANTITY OF RACM TO BE REMOVED:								
Pipes (LN FT):			Surface Area (SQ FT): 1500		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: 02/05/2024						Complete: 04/25/2024		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/05/2024						Complete: 04/25/2024		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Wet removal methods for the removal of the removal of exterior siding		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Engineering controls, wet removal methods, PPE, and air monitoring.		
XIII. 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:	
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 ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
Stop work immediatley, make proper notifications, wait for approval before returning to 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.		
<u>EDDIE BLOSSMAN</u> Type or Print Name	 (Signature of Owner/Operator)	<u>01/24/2024</u> (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<u>EDDIE BLOSSMAN</u> Type or Print Name	 (Signature of Owner/Operator)	<u>01/24/2024</u> (Date)