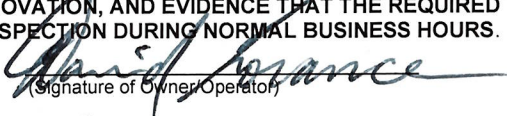
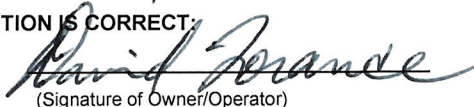


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 12-18-2024	AI Number 37063
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>Annual</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D, R and E</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Facilities throughout SSC</b>				
Bldg. Name: <b>Various</b>				
Address <b>Various</b>				
City: <b>Stennis Space Center</b>		State: <b>MS</b>	Zip: <b>39529</b>	County: <b>Hancock</b>
Site Location: <b>Hancock County</b>			Tel:	
Building Size <b>N/A</b>		# of Floors: <b>N/A</b>	Age in Years: <b>60</b>	
Present Use: <b>Rocket Testing Facility</b>		Prior Use: <b>N/A</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>NASA</b>				
Address: <b>Building 1100 Baulch Blvd</b>				
City: <b>Stennis Space Center</b>		State: <b>MS</b>	Zip: <b>39529</b>	
Contact: <b>Stephen O'Neil</b>			Tel: <b>228/688-2642</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Determined at time of project</b>				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
Certification Number:			Expiration Date:	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>Various</b>	
Inspector: <b>Various</b>		Certification Number: <b>N/A</b>	Expiration Date: <b>N/A</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Bulk samples sent to an accredited laboratory and analyzed by PLM or TEM or assumption that the material is asbestos containing.</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): <b>1000</b>		Surface Area (SQ FT): <b>100,000</b>	Volume of Facility Components (CU FT): <b>5000</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>01/01/2025</b>			Complete: <b>12/31/2025</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>01/01/2025</b>			Complete: <b>12/31/2025</b>	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Planned demolition of various structures, using heavy equipment; maintenance or abatement of facilities		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Abatement prior to demo; wet methods, poly containments, glove bags, HEPA vacuums, negative pressure enclosures		
<b>XIII. WASTE TRANSPORTER #1</b> N/A (to be determined)		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Stennis Space Center On-Site Landfill		
Address: Building 2070 Endeavor Road		
City: Stennis Space Center	State: MS	Zip: 39529
Contact Person:		Tel: 228-688-2532
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
N/A		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
N/A		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:</b>		
wet methods, poly containments, glove bags, HEPA vacuums, negative pressure enclosures		
<b>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.</b>		
David K. Lorange		12/18/2024
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
David K. Lorange		12/18/2024
Type or Print Name	(Signature of Owner/Operator)	(Date)