
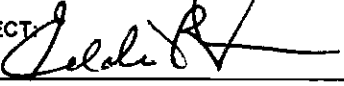


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 4/29/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): REVISED (Section IV, Other Operator)				
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 (Vacant Home)				
Address: 201 Hwy 11, North				
City: Poplarville		State: MS	Zip: 39470	
Site Location: 201 Hwy 11 North			Tel: (228)363-2412	
Building Size: 1700 sq ft		# of Floors: 1	Age in Years: 40+	
Present Use: Vacant		Prior Use: Residential House		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Pearl River Community College				
Address: 101 Hwy 11 North				
City: Poplarville		State: MS	Zip: 39470	
Contact: Craig Tynes			Tel: (601)590-2996	
ASBESTOS REMOVAL CONTRACTOR: Global Contracting, LLC				
Address: 30 Zora Lane				
City: Poplarville		State: MS	Zip: 39470	
Contact: Eddie Blossman			Tel: (601)795-3401	
Certification Number: ABC-00001162			Expiration Date: 12/27/25	
OTHER OPERATOR: Bean Excavating				
Address: 15013 Mary Street				
City: Kiln		State: MS	Zip: 39556	
Contact: Jamie Bean			Tel: (228)493-8127	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 03/03/2025	
Inspector: Charles D. Bingham		Certification Number: ABI-00001348	Expiration Date: 02/13/2026	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Vinyl Floor and adhesives Wall and Ceiling drywall and joint compound Roof Shingles Exterior Siding Vinyl Flooring @ adhesives Miscellaneous Adhesives				
Samples were analyzed by PLM with dispersion staining according to EPA Method 600/R-93/116				
VII. QUANTITY OF RACM TO BE REMOVED: Approximately 466 sq ft of Exterior Transite Siding and 180 sq ft of vinyl flooring and mastic.				
Pipes (LN FT):	Surface Area (SQ FT): 646 sq ft		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: 04/28/2025			Complete: 05/30/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/28/2025			Complete: 05/30/2025	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of approximately 466 sq ft of Exterior Transite Siding and 180 sq ft of vinyl flooring and mastic.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Containments, wet removal, area and clearance monitoring.		
XIII. WASTE TRANSPORTER #1		
Name: Global Contracting, LLC		
Address: 30 Zora Lane		
City: Poplarville	State: MS	Zip: 39470
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-Central Landfill		
Address: 8800 Hwy 11		
City: McNeill	State: MS	Zip: 39457
Contact Person: Micheal Edit	Tel: (866)676-7150	
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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
Stop work immediately, contact regulatory authorities wait for approval of resume 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>	<u></u>	<u>04/29/2025</u>
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<u>EDDIE BLOSSMAN</u>	<u></u>	<u>04/29/2025</u>
Type or Print Name	(Signature of Owner/Operator)	(Date)