

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="checked" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 5/19/2025	AI Number
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: Marty Wilson Gallery Unit #6				
Address: 824 East Pass Road				
City: Gulfport		State: MS	Zip: 39507	
Site Location: Showroom Floor			Tel: (228)860-0171	
Building Size: 2,300 sq ft		# of Floors: 1	Age in Years: 40+	
Present Use: Art Gallery		Prior Use: Residence		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: JKA Properties, LLC				
Address: 729 East Pass Road, Ste. A2				
City: Gulfport		State: MS	Zip: 39507	
Contact: Jose Santamaria			Tel: (228)860-0171	
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:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
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:				
Materials Sampled Spray Applied Ceiling Texture Drywall and joint compound Vinyl Plank Flooring Roofing Materials Samples were analyzed by PLM with dispersion staining according to EPA Method 600/R-93/116				
VII. QUANTITY OF RACM TO BE REMOVED: Approximately 300 sq ft of vinyl flooring and mastic.				
Pipes (LN FT):		Surface Area (SQ FT): 300 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: 05/30/2025			Complete: 06/31/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/30/2025			Complete: 06/31/2025	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of approximately 300 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-Pecan Grove Landfill		
Address: 9685 Firetower Road		
City: Pass Christian	State: MS	Zip: 39571
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 CRUMBLLED, 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>[Signature]</u>	<u>5/19/25</u>
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<u>Eddie Blossman</u>	<u>[Signature]</u>	<u>5/19/25</u>
Type or Print Name	(Signature of Owner/Operator)	(Date)