

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
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: Simmons Manor Building 3823				
Address 5th Street				
City: Keesler Air Force Base	State: MS	Zip: 39534		
Site Location: B3823 Simmons Manor		Tel: (228)377-4504		
Building Size 50,000 sq ft	# of Floors: 2	Age in Years: 40+		
Present Use: Residence Hall	Prior Use: Residence Hall			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Keesler Air Force Base				
Address: 508 L Street				
City: Keesler Air Force Base	State: MS	Zip: 39534		
Contact: Robin Sykes	Tel: (228)377-4504			
REMOVAL CONTRACTOR: Global Contracting, Llc				
Address: 226 Harry Sones Road				
City: Carriere	State: MS	Zip: 39426		
Contact: Eddie Blossman	Tel: (601)795-3401			
OTHER OPERATOR: DNP, Inc				
Address: P.O. Box 6399				
City: D'Iberville	State: MS	Zip: 39540		
Contact: Mike Cox				
V. IS ASBESTOS PRESENT? (Yes/No) YES				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include Inspector name and date of inspection):				
Owner Assumes the lining/Insulation is asbestos containing				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component (BOILERS)				Cu Ft: Cu M: 4
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/20/2019		Complete: 9/20/2019		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/20/2019		Complete: 9/20/2019		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Removal of existing (2) asbestos containing boilers.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Each boiler will be removed, double wrapped and sealed with 6-mil poly sheeting, labeled, then transported and disposed of.

XII. 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:

XIII. WASTE DISPOSAL SITE

Name: **Waste Management-Central Landfill**

Address: **8800 Highway 11 North**

City: **McNeill**

State: **MS**

Zip: **39457**

Tel: **(601)795-2500**

XIV. 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):

XV. 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:

XVI. 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 and wait for approval to get started.

XVII. 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
Type or Print Name

Eddie Blossman
(Signature of Owner/Operator)

8/7/2019
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman
Type or Print Name

Eddie Blossman
(Signature of Owner/Operator)

8/7/2019
(Date)