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

RECEIVED DEC - 2 2019 Dept. of Environmental Quality

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Building 3, Gulf Coast Veterans Health Care System		
Address 400 Veterans Blvd.		
City: Biloxi	State: MS	Zip: 39531
Site Location: Building 3, Room 2B 123		Tel: (228)669-0770
Building Size 155,000 sq ft	# of Floors: 4	Age in Years: 40+
Present Use: Medical Facility	Prior Use: Medical Facility	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Gulf Coast Veterans Health Care Systems		
Address: 400 Veterans Blvd.		
City: Biloxi	State: MS	Zip: 39531
Contact: Brandon Oneal		Tel: (228)669-0770
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: 2H&V Construction Services		
Address: 3018 Big Ridge Road		
City: Deiberville	State: MS	Zip: 39540
Contact: Gary Chambliss (228)263-0333		

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):

Dave Bingham, Micro-Methods Laboratories,

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				LnFt:	Ln M:
Surface Area (Flooring/Mastic)				SqFt: 930	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/9/2019	Complete: 01/30/2020
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/9/2019	Complete: 1/30/2020

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

Wet removal methods for the removal of approximately 930 sq ft of asbestos containing flooring a

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

Negative Pressure Containments, Wet Removal Methods, Double Bagging, Air Monitoring and Final Clearance Testing.

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 US Highway-11

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work immediately, mist the work area, make proper notifications, wait for approval to start work.

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

(Signature of Owner/Operator)

11/25/2019 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Eddie Blossman — Type or Print Name

(Signature of Owner/Operator)

11/25/2019 — (Date)