# 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: Site Wide Keesler Air Force Base

Address 508 L Street

| City: Keesler Air Force Basae | State: MS | Zip: 39534 |
|---|---|---|
| Site Location: Base Wide | | Tel: (228)377-4504 |
| Building Size N/A | # of Floors: | Age in Years: 40+ |
| Present Use: Base Buildings | Prior Use: Base Buildings | |

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 of the boilers 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 | | | | LnFt: | Ln M: |
| Surface Area | | | | SqFt: | Sq M: |
| Vol RACM Off Facility Component (BOILERS) | | | | CuFt: | Cu M: 8 |

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/29/20 Complete: 12/29/20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/29/20 Complete: 12/29/20

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

Removal of (8) exisiting 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-ml 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 Hwy. 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work immediately, contact regulatory authorities wait for approval to resume 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) | 10/15/2020 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

EDDIE BLOSSMAN — Type or Print Name | (Signature of Owner/Operator) | 10/15/2020 (Date)