

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 11/5/2024	AI Number 37063
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: A Test Complex (Pipe is adjacent to the A1 Test Stand Valve Pit)				
Address End of Road 6				
City: John C. Stennis Space Center		State: MS	Zip: 39529	County: Hancock
Site Location: A Test Complex			Tel: (228)332-1952	
Building Size N/A		# of Floors: N/A	Age in Years: 40 +	
Present Use: HPIW Piping System		Prior Use: HPIW Piping System		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: NASA-John C. Stennis Space Center				
Address: Building 1100,				
City: John C. Stennis Space Center		State: MS	Zip: 39529	
Contact: Denise Johnson			Tel: (228)688-1327	
ASBESTOS REMOVAL CONTRACTOR: Global COntacting, LLC				
Address: 30 Zora Lane				
City: Poplarville		State: MS	Zip: 39470	
Contact: Eddie Blossman			Tel: (601)795-3401	
Certification Number: ABC-00001162			Expiration Date: 01/06/2025/	
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:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Owner assumes the black epoxy coal tar coating on the HPIW Piping is asbestos containing, because of past experience.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 180 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: 11/19/2024			Complete: 12/31/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/19/2024			Complete: 12/31/2024	

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

Removal of asbestos containing epoxy coatings from a 66" High Pressure Industrial Water (HPIW) piping inside the A test Complex.

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

Wet removal methods, poly-sheeting containment, air monitoring

XIII. WASTE TRANSPORTER #1

Name: Complete Environmental and Remediation

Address: 37 David Swan Lane

City: Purvis

State: MS

Zip: 39475

Contact Person: Kevin Ivey

Tel: (601)794-2704

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Waste Management, Emelle

Address: 36964 SR-17

City: Emelle

State: AL

Zip: 35459

Contact Person: Tabby Long

Tel: (205)652-1914

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.

EDDIE BLOSSMAN

Type or Print Name



(Signature of Owner/Operator)

11/05/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

EDDIE BLOSSMAN

Type or Print Name



(Signature of Owner/Operator)

11/05/2024

(Date)